BACKGROUND PAPER:
THE POTENTIAL OF PERMANENT CARE 2015

Prepared for Permanent Care and Adoptive Families by Meredith Carter & Associates

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Executive summary

Permanent Care and Adoptive Families (PCA Families) and The Centre for Excellence in Child and Family Welfare (the Centre for Excellence) seek improved professional and peer support for families who offer stable, permanent homes to children and young people who cannot live with their birth families.

This background paper discusses the potential of permanency planning through alternative families formed by legal orders such as:

- Permanent care or guardianship

- Local adoption

- Intercountry adoption

It argues that if the promise of better outcomes for children and young people is to be realised, strong ongoing support must be provided for the families offering alternative permanent homes. Recommendations for policy development include a spectrum of ongoing preventive, early intervention and crisis support. The spectrum includes peer support.

Reform directions

There are 43,000 or more children and young people currently living in out of home care (OoHC) across Australia. Current policy directions under the National Framework for Protecting Australia's Children[1] increasingly emphasise both better support of families of origin and provision of stable alternatives for these children and young people.

Reform pressures include not only the very large number of children in OoHC, but the long periods they remain in unstable care. This is coupled with increasing awareness of the adverse impact that lack of stability has in children's lives and on their development. Reform directions are also premised on the view that greater use of permanent care options will help relieve the churn of placements, the shortage of foster carers and the costs of OoHC.

Legislation in several Australian jurisdictions promotes increased take up of options including special and long-term guardianship orders as well as open adoption from foster care. As a result carer adoptions are now the dominant form of adoption in Australia. Victoria has emphasised formal permanent care orders (PCOs). The Children's Court approved over 300 PCOs in 2013/14.

Few infant adoptions of any kind occur in Australia. However, streamlined intercountry adoption, increasingly of older children with a range of experiences and needs similar to those of children in care, is under discussion nationally.

1   Endorsed by the Council of Australian Governments (COAG) in 2009, the Second Action Plan

Breakdown or 'disruption' rates

Children and young people who need alternative families have already experienced real adversity in their early lives. The consequent harm to their development and their ability to make and sustain relationships is often profound. Many experience ongoing adjustment challenges that undermine their ability to be in a family. These challenges are likely to resurface again and again, as they mature.

Many children and young people will heal from previous traumas and flourish, complete their educations to become caring, competent adults. However, legal permanence does not itself result in wellbeing. There are significant risks that the promise of a happy and stable permanent family may not be realised. Studies in Australia and internationally suggest the rate of formal breakdown or disruption can be significant. The costs for all involved are high.

In 2014, three very large studies examined the likely rate of disruption post orders for permanency of children who have previously been in OoHC. They are the:

- Donaldson Adoption Institute study (the Donaldson study) in the United States (US)[2]

- University of Bristol (the Bristol Study for the United Kingdom (UK)) Department of Education[3]

- University of York (the York study) of permanent care or statutory gaurdianship order (SGO) in the UK.[4]

The Donaldson and Bristol studies each examined upward of 35,000 adoptions of children from OoHC, each concluding that formal disruption is below 10%. The Donaldson study found a rate of re-entry to care of 9.5%. The Bristol study found a rate of formal disruption varying up to 7% between local authorities in the UK, but overall averaging 3.2%. These findings reflect those of earlier UK studies reporting disruption rates of 4-11% post order.

The findings were reinforced by the York study which focussed on the relatively new SGO option, also stable with a formal disruption rate around 6% over five years. The caution is that most of these children have not yet reached their teenage years, a time particularly vulnerable to disruption in adoptions.

The costs of breakdown

All the research indicates high levels of commitment by parents offering permanent homes. Formal and informal disruptions result in enormous ongoing distress and cost to the individuals involved and to the community.

The financial costs that accrue to the community include direct costs of re-entry to care. This is likely to be at the most expensive end of state care, residential care, with poor prospects of an alternative and far less expensive in-home placement. In Victoria the relative cost of residential care is approximately $400,000 per year, compared with foster care at less than $30,000 per year. Often the young people are on a trajectory to other equally bleak and expensive forms of custody such as juvenile justice.

However, even stable permanent care arrangements often hide very significant preventable trauma, distress and poor mental health for both children and adults. Just as disturbing is the level of child to parent violence revealed.

For the young people involved, the costs also include long-term fractured lives characteristically featuring homelessness, unemployment and dependence on mental health services. For the families the costs include the impact on their own lives, employment and health. Many feel betrayed and would not recommend others take on permanent care or adoption.

The support required

A spectrum of specialised support for both children and young people and their 'permanent' families is required, responding to the spectrum of need revealed. This support must also be routinely available if the policy promise of a stable permanent home is to be delivered.

In Australia, support for the children and young people in and post OoHC is improving. However, a clear gap exists in terms of the support provided to the families offering them a stable home. The need is not only during early years of placement; the need is ongoing. It includes key points known to carry particular risk which involves the teenage years and during transition to adulthood.

Peer support is highly valued by parents not least because it can help reduce feelings of isolation and inadequacy. Peer support offers an important, independent and relatively inexpensive avenue for delivery of credible, non-judgemental information, education, referral and advocacy for families.

Contact is removed after three months with placement agencies or workers. Delivered both by appropriate professionals and other parents sharing similar experiences, peer support can offer holistic consumer oriented services delivering 'co-designed' programs that make a real difference.

2   Livingstone-Smith S, 2014, Keeping the Promise The Case for Adoption Support and Preservation, The Donaldson Adoption Institute http://adoptioninstitute.org/wordpress/wp-content/uploads/2014/05/Keeping-the-Promise-Case-for-ASAP1.pdf

3   Selwyn J, Wijedasa D and Meakings S, 2014a, Beyond the Adoption Order: challenges, interventions and adoption disruption Research brief, Department for Education https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/302339/Final_Research_brief_-_3rd_April_2014.pdf

4   Wade J, Sinclair I, Stuttard L & Simmonds J, 2014, Investigating Special Guardianship: experiences, outcomes and challenges Research Brief http://www.york.ac.uk/inst/spru/research/pdf/SpecialG2014Summ.pdf

Structure of the paper

This background paper is structured as follows.

The first section introduces the paper and provides a brief overview of the number of children subject to care and protection of children orders in Australia. It also discusses the National Framework for Protecting Australia's Children. This is followed by a profile of children in OoHC and some of the challenges underpinning the need for reform.

Section two looks at the current policy emphasis on permanency planning and the key paths to creating permanent families for children unable to live with their families of origin.

Section three considers the potential for these options to breakdown or disrupt, examining Australian and international experience of placement disruptions. This includes both a large scale US study and recent UK studies which examined both adoption and other permanency orders.

Section four looks at the policy implications flowing from these studies including some of the formal recommendations and their relevance to support of permanency planning in this country. It particularly highlights proposals for support of the families offering stable homes.

Section 1:
Care and protection in Australia

Introduction

Permanent Care and Adoptive Families (PCA Families) and The Centre for Excellence in Child and Family Welfare (the centre for excellence) are seeking improved professional and peer support for families offering stable, permanent homes to children and young people who cannot live with their birth families.

In particular they seek holistic peer support for families formed by legal orders such as:

* Permanent care or guardianship
* Local adoption
* Intercountry adoption.

The initiative is timely as policy directions increasingly encourage these options. Much of the focus is around providing greater stability and permanent homes for children and young people in out of home care (OoHC) who have been determined to be in need of care and protection.

This is the major focus of this paper which aims to stimulate discussion informed by evidence of the need for improved support of the families involved. Policy statements at a national level supporting adoption in Australia of children born overseas in need of a home are also noted.

This section provides an overview of care and protection in Australia including the emerging development of a national policy framework in this area.

Care and protection in Australia

Almost 46,000 children and young people were subject to care and protection orders in Australia as at 30 June 2014. This is shown in Table A. By far the largest numbers are in New South Wales (NSW) at over 17,000. This is almost twice the number in each of Victoria and Queensland. These states each have over 9,000 children and young people subject to orders.

The challenges of OoHC are experienced nationally but the policy response has been fragmented. This is because the legislative responsibility is not federal but lies with the states and territories.

One impact of this fragmentation is the difficulty of comparing the various orders made by the various states and territories. As a result current reporting of care and protection orders does not clearly indicate the type of care in which young people reside. Most are living in various types of OoHC, the majority under guardianship and custody orders to the relevant department.[5]

Guardianship and custody orders involve considerable intervention in a child or young person's life and enable foster care placement. They do not necessarily transfer the parents' rights and obligations. It is also difficult to assess to what extent permanency planning is in train.

There are also confusing overlaps between, and in, the reporting of various dispositions available in different jurisdictions. Special guardianship orders (SGO) introduced in Western Australia (WA) in 2011, transfer full parental responsibility for the child or young person until they are 18 years of age and carers themselves may apply for them.[6] It is not clear whether these are reported as guardianship or as third party orders. There is similar lack of clarity in relation to Victoria's permanent care order (PCO).[7]

Other orders made include interim and temporary orders; supervisory orders; and a very small number of administrative/ voluntary arrangements.

Table A: Number of children subject to care and protection orders by jurisdiction and type of order. Source: Productivity Commission 2015 Report on Government Services, Volume F, Table 15A.7. Note: this represents a snapshot of all children under these orders at a point in time rather than annual admission to these orders.

2013/14	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Guardianship or Custody orders	11,410	3,374	6,679	3,403	2,548	872	520	825
Third party parental responsibility	4,079	2,126	1,392	425	107	181	67	na
Interim and temporary orders	1,659	1,827	754	590	98	124	73	158
Supervisory and other finalised orders	na	1,906	306	53	19	10	43	1
Admin/vol arrangements	94	na	na	na	14	1	2	6
Total care and protection orders	17,242	9,233	9,131	4,471	2,786	1,188	705	990

5 Productivity Commission (2015) Report on Government Services Volume F Chapter 15 Child Protection Services, p.15.12 http://www.pc.gov.au/research/recurring/report-on-government-services/2015/community-services/child-protection/rogs-2015-volumef-chapter15.pdf p.15.70-71

6 Department for Child Protection (2012) Report of the Legislative Review of the Children and Community Services Act 2004 October p.27 http://www.parliament.wa.gov.au/publications/tabledpapers.nsf/displaypaper/3815434c6bc2d5a256705d2248257ac600087161/$file/5434.pdf

7 See the discussion of these issues in AIHW 2014 Child Protection Australia 2012-2013 pp17-20. The AIHW notes that Victoria reports children on permanent care orders as being in OoHC, because the state makes an ongoing payment for care of these children. It is assumed they are categorised as or third party parental responsibility orders in the Productivity Commission data reproduced in Table A. The AIHW reports a much higher number of guardianship and custody but no third party parental orders in Victoria (see AIHW 2014 Table 4.3: Children on care and protection orders, by type of order, states and territories, 30 June 2013 p.39)

National Framework

All jurisdictions have worked together to produce the National Framework for Protecting Australia's Children 2009-2020 (the National Framework). Department of Families, Housing, Community Services and Indigenous Affairs National Framework for Protecting Australia's Children - Second Three Year Action Plan 2012 - 2015. The National Framework aims to deliver a more integrated response to child protection across the country. National Standards for OoHC (the National Standards) have been created. The National Standards relate to key outcome areas such as: health; education; case planning; connection to family; transitioning from care; training and support for carers; belonging and identity; and stability and safety.

Under this framework, the policy response in many Australian jurisdictions to the challenges of OoHC has seen renewed focus on two critical issues. They are a) support for vulnerable families and b) greater stability for children and young people.

It is expected that the removal of a child or young person from their families will be avoided if possible. If they still need to be removed, more children will be safely restored to their birth families. Where the prospects of being reunited with their birth families are poor, there will be much greater focus on permanency planning for those children and young people.[8]

As discussed further below, the focus on permanency planning is already changing the nature of the orders made in relation to OoHC. In particular, guardianship with relatives or other carers able to offer stable and secure homes for life is being pursued. Carer adoption is also an increasing option though not currently included as a formal child protection disposition in the national data set.

Out of home care

As noted above, there are almost 46,000 children and young people on care and protection orders across Australia. Most are living in OoHC . At 30 June 2014, this included over 43,000 children and young people between birth and 17 years of age. More than a third are in New South Wales (NSW). However on any given day in 2014 this included over 7,000 children in Victoria.[9]

The median age of children in OoHC is about 9 years old.[10] Most come into OoHC aged under 5 years old, around 24% between 5 and 9 years of age, and another 23% between 10 and 14 years old. By the time they are discharged from care 34% are young people aged between 15 and 17.[11]

Overall, the data reflects children coming into OoHC at a younger age and remaining there for longer. Thus the median age at which children are admitted to OoHC is 6 years old and the median age when discharged is 11. This reflects that children and young people may be in OoHC for years. In 2012-13 the number of children admitted to care nationally was almost 2,000 higher than those discharged.[12]

As shown in Table B, the total number of children and young people admitted to care in Victoria in 2012-13 was 254 more than the number discharged from care that year. There were many more children admitted aged less than a year old than were discharged in that age group. Conversely, in the 15 to 17 age group there were many more young people discharged than were admitted. Again the data indicates significant lengths of stay in care,[13] with children and young people often experiencing multiple placements.[14] This is reinforced by the recent observation of the Commissioner for Children and Young People that more than one-third of children and young people in residential care in Victoria alone have experienced over 10 OoHC placements.[15]

The rate of children and young people in OoHC in Australia has also increased significantly. This reflects several factors. First the cumulative impact of children and young people being admitted to, and remaining in OoHC . Second, the substantial increase in the number of Aboriginal and Torres Strait Islander (ATSI) children and young people subject to care and protection orders and in OoHC.[16]

Table B: Children by age group admitted to and discharged from out of home care in Victoria in 2012–13. Source: Australian Institute of Health and Wellfare (AIHW) 2014 Child Protection in Australia 2012-2013 Tables A26 and A27.

Age of Child or Young Person 2012–13	Less than 1 year old	1 to 4 Years old	1 to 4 Years old	10 to 14 Years old	15-17 Years old	Unknown Age	Total
Admitted to care	446	778	789	781	406	4	3,204
Discharged from care	186	617	624	668	852	3	2,950

8   Commonwealth of Australia (2012), this framework is reflected in Victorian Government, 2013, Vulnerable Children - Our Shared Responsibility Strategy 2013–2022. Expressing whole-of-government aspirations that 'Vulnerable children are kept safe from harm and have every opportunity to succeed in life', the strategy sets out the overriding strategic direction, governance, performance framework, information-sharing and accountability arrangements. The strategic intentions are high level and interconnected: 1: Prevent abuse and neglect 2: Act earlier when children are vulnerable 3: Improve outcomes for children in statutory care

9   Department of Human Services (DHS) (2014) Annual Report 2013/14, Victoria

10   Australian Institute of Health and Welfare (AIHW). 2014. Child Protection Australia 2012-13. Child welfare series 58 p.51

11   As at 2012/13, compared with 11% in this age group being admitted to OoHC, AIHW 2014 Ibid p.47

12   AIHW 2014 Ibid p.53

13   AIHW 2014 Ibid Table A27: Children discharged from out-of-home care, by age group, states and territories, 2012–13

14   See also discussion of the findings of the Australian Stability Study in McHugh M, 2012 Delivering quality foster care: Challenges for carers, agencies and parents Association of Children's Welfare Agencies (ACWA) Seminar, 11 November

15   Commissioner for Children and Young People (CCYP) 2014 Submission to the Senate Inquiry into Out of Home Care, 31 October, p.4

16   AIHW 2014 Ibid p.55

Kinship care

With or without formal orders, kinship placements are often preferred when children require OoHC. This is because placement with relatives generally provides increased continuity, familiarity and stability for the child or young person; although there are some "clear cautionary notes".[17]

One of the cautions is the burden that kinship care can place on the carers, often grandparents. In particular ATSI caregivers are on average likely to be older, more likely to be single, and caring for both larger numbers of children and a greater proportion of younger children (related and unrelated) than non-indigenous caregivers.[18]

It is also important to note that children and young people in kinship care are less likely to be reunited with their birth parents than other children and young people in foster care.[19]

Placing children and young people with their extended family and or community of origin is a formal child placement principle for Aboriginal children in all jurisdictions. A further principle is that cultural plans be developed for them. Compliance with these principles is important for ensuring these children and young people grow up being strong in their Aboriginal identity. However, at best, compliance with the Aboriginal child placement principle only slightly exceeds 60%.[20] As the proportion of ATSI children in care increases it is also more difficult to ensure compliance.[21]

However, combined with the numbers of Aboriginal children and young people in OoHC, this has resulted in kinship care becoming a slightly more dominant form of foster care.[22] In Victoria, at least, the high use of kinship care also reflects the ongoing challenge of attracting and retaining volunteer foster carers.[23]

Aboriginal children

A remarkably high proportion of Aboriginal children and young people are subject to care and protection orders Australia wide, representing over one in three children in OoHC. This includes high numbers of Aboriginal children in OoHC[24], which in Victoria leads to renewed calls for the urgent development of a statewide strategic response to improve the lives of these children and young people.[25]

In Victoria while 325 Aboriginal children and young people were placed with Indigenous relatives/kin, over 500 of the 1,083 Aboriginal children and young people in OoHC in 2012-13 were not placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care.[26]

Part of the response to address these challenges to date has been work intended to strengthen the capacity of Aboriginal organisations. The aim is to enable the transfer of responsibility for Aboriginal children and young people subject to court orders from the Department Secretary to these organisations.[27]

Table C: Number of children on guardianship/custody and third party parental responsibility orders by jurisdiction, type of order, and indigenous status. Note: only the two major types of orders are compared here. Source: Productivity Commission 2015 Report on Government Services, Volume F, Table 15A.7.

2013/14	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Total care and protection orders	17,242	9,233	9,131	4,471	2,786	1,188	705	990
Total Guardianship or custody orders	11,410	3,374	6,679	3,403	2,548	872	520	825
Guardianship or custody orders (ATSI children)	4,078	717	2,731	1,694	769	208	146	696
Total third party responsibility	4,079	2,126	1,392	425	107	181	67	na
Third party responsibility (ATSI children)	1,383	223	474	210	13	35	14	na

17 Commission for Children and Young People (CCYP) (2013) Submission 5 Year Plans for Out of Home Care, November http://www.ccyp.vic.gov.au/downloads/submissions/submission-letter-5-year-plans-out-of-home-care.pdf

18 State of Victoria (2011) It is the story of all of us. Child Safety Commissioner (CCYP) Report No 2 Family Links: Kinship Care and Family Contact Research Series http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/kinship-care/973-kinship-care-report-aboriginal-kinship.pdf

19 Scott D, 2012, Reducing Child Abuse and Neglect: Reviews, Reforms and Reflections Australian Institute of Family Studies (AIFS) Seminar Series Presentation Melbourne, 6 September; See also Selwyn J, Wijedasa D and Meakings S, 2014a, Op cit

20 In NSW where it is just over 60%; note data for NT are not known but numbers of children in OoHC are significantly smaller overall. (AIHW) 2014 Op cit. Table A32, p.102

21 See further AIFS. 2014. Child Protection and Aboriginal and Torres Strait Islander Children. Child Family Community Resource Sheet, November

22 See AIHW 2014 Op Cit; ACIL Allen Consulting (2013) Professional Foster Care: Barriers, Opportunities & Options, Report to Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, p.v

23 Victorian Government, 2014, Out-Of-Home Care: A Five Year Plan http://www.dhs.vic.gov.au/__data/assets/pdf_file/0010/864793/Out-of-home-care_a_five_year_plan.pdf, p.18

24 Productivity Commission (2015) Op cit with 1308 Aboriginal children and young people in OoHC in Victoria at 30 June 2014

25 See Jakamos Andrew PSM Commissioner for Aboriginal Children and Young People (2015) Letter to Friends re 2015 Report on Government Services, 3 February

26 AIHW 2014 Op cit Table A32

27 AIHW 2014 Appendixes p.23; This development is also consistent more generally with the concern of the Victorian Commission for Children and Young People (CCYP) that: "A strengthened Aboriginal community controlled service sector that is centred around the whole family, community and culture will be an essential ingredient of any successful intervention to achieve improved outcomes for Aboriginal children and young people," in Jean Edwards (2014) More than 60 Victorian Children Abused in State Care, 18 September http://www.abc.net.au/news/2014-09-18/more-than-60-victorian-children-abused-in-state-care-last-year/5753758; See also Jakomos Andrew (2015) op cit

Foster carers

As concern grows about the numbers of children remaining for long periods in OoHC with little stability, attraction and retention of appropriately skilled foster carers is a high priority. Around Australia there is considerable 'churn' in OoHC and in Victoria, with more households leaving than commencing foster care.[28]

In all jurisdictions, a greater number of households commenced than exited kinship care. However, like non-related foster carers, relatives such as grandparents, are under increasing pressure to take on unplanned long-term care, including multiple children in sibling groups.[29]

A number of steps initiated nationally specifically aim to improve support for foster carers. These include expanded training and support for grandparent and other kinship carers.[30]

Options such as professional foster carers are also under consideration.[31] A downside of this option is that it cannot substitute for relationships that are likely to provide ongoing care and support to an individual even after they leave the care of the state.

Costs

The recent productivity commission report on government services shows total recurrent expenditure on child protection and OoHC services was approximately $3.3 billion across Australia in 2013/14. This is a real increase of $77.8 million (2.4%) from 2012-13 and an average increase of 4.6% per year for the past five years.[32]

Recurrent expenditure on intensive family support services (generally associated with child protection) across all jurisdictions was $300.8 million in 2013-14. This compares with expenditure on (less intensive) general family support services of $377.1 million.[33]

In terms of OoHC, the most expensive component is residential care. It averages close to $400,000 per year versus less than $30,000 per year for in-home foster care as of 30 June 2014 in Victoria.[34] The high unit costs means that it accounts for almost half of all expenditure associated with OoHC in this state.[35]

Despite the increasing expenditure, clear risks of poor life outcomes remain for children and young people in OoHC. The cost of their experience of adversity in early life[36] plays out in the way they grow up, whether they succeed at school and the part they play in society as an adult. The instability and multiple placements commonly associated with being in foster care are generally seen as compounding these problems and the resulting costs for the individual and for the community.

Conversely, where children and young people cannot be returned safely to their family of origin, there is good evidence that creating long-term stability improves their long-term outcomes. It boosts their resilience and ameliorates other factors that have an adverse effect on their development.[37]

Reforms promoting greater stability and permanency planning including adoption or permanent care are now seen as having clear potential to promote better outcomes for children and young people, as well as to help reduce the financial costs of OoHC.

Beyond the direct costs of OoHC, further benefits to the community and savings to the public purse both for national and state/territory governments are likely. Children and young people who have experienced greater stability are more likely to complete their education and have reduced likelihood of interaction with the juvenile justice system. They have greater employment prospects, better mental and physical health, and less likelihood of homelessness.

Recruiting families to undertake either foster care or more permanent and stable care for children and young people in OoHC is obviously critical. However, if families are to volunteer for these roles it is important that improved outcomes are not at their expense, either emotional or financial.

28 AIHW 2014 p.59-61

29 See also discussion of the findings of the Australian Stability Study by McHugh M, 2012 Delivering quality foster care: Challenges for carers, agencies and parents Association of Children's Welfare Agencies (ACWA) Seminar, 11 November

30 See Commonwealth of Australia (2012) The National Framework Op cit

31 McHugh M and Pell A, 2013, Reforming the Foster Care System in Australia, Berry Street http://www.berrystreet.org.au/Assets/2583/1/ProfessionalisedFosterCareSystemfullpaper.pdf

32 Productivity Commission (2015) Op cit Summary

33 Productivity Commission (2015) Op cit p.15.13-14

34 See Productivity Commission (2015) Op cit Figure 15.15

35 Victorian Government, 2014, Op cit. p.23

36 Domestic violence, Illicit drug abuse, alcohol abuse, mental health problems and psychiatric disability feature, commonly with at least two or more of these factors occurring in tandem, see data cited in for eg Scott 2012 op cit

37 As is well documented, both in Australia see for example CCYP 2013 Op cit; Department of Premier and Cabinet, 2012, Report of the Protecting Victoria's Vulnerable Children Inquiry; and internationally see for example National Care Advisory Service (NCAS) Key Statistics accessed 17 March 2015 http://leavingcare.org/about_care_and_leaving_care/overview/key_statistics See also Selwyn J, Wijedasa D and Meakings S, 2014a, op cit

"In Victoria while 325 Aboriginal children and young people were placed with Indigenous relatives/kin, over 500 of the 1,083 Aboriginal children and young people in OoHC in 2012-13 were not placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care."

Section 2:
Permanency planning

Introduction

Permanency planning is a key part of the policy response to the challenges and costs of OoHC. It is given impetus by recent data showing that nationally 39% of children and young people in OoHC have already been in a continuous placement for five years or more, though not necessarily planned to be permanent.[38]

Enhanced permanency planning not only has the potential to offer greater stability to the children and families involved in OoHC. It will also change the numbers of children and young people living in permanent care or long-term guardianship, or adoption arrangements in Australia. There are also early indications that the Children's Court in Victoria at least may be willing to exercise some creativity in these orders.[39]

This section explores these directions and the orders in more detail.

Policy directions

Western Australia (WA),[40] New South Wales (NSW),[41] Victoria[42] and most recently the Northern Territory (NT)[43] have all passed legislation to promote increased take up of long-term guardianship (by persons other than the relevant government department), and or other permanent care options including adoption.

In NSW the Child Protection Legislative Amendment Act 2014 requires that for the first time, early consideration must be given to open adoption or long-term guardianship (for children in kinship care) as more stable options compared to long-term foster care. This includes promoting 'concurrent planning' by authorising some carers to be both foster carers and adoptive parents. An increased Adoption Transition Support Payment has also been introduced in the early years of an adoption supplementing the small annuity currently paid to parents who adopt until the child or young person in their care is age 18.[44]

In Victoria to date there has been greater emphasis on permanent care orders (PCOs) than adoption. The Victorian Department of Health and Human Services (DHHS) website suggests permanent care is not foster care. Instead, like adoption, it is intended to provide children and young people with close and enduring relationships that will last a lifetime. In contrast, foster care is described as a temporary arrangement until children are reunited with their birth parents.[45]

There has also been renewed attention to intercountry adoption at the national level. Trends in these different paths to substitute a permanent home for children and young people are discussed below.

Permanent care/guardianship

Every Australian state and territory has the ability to apply to court for a child's guardianship to be granted to the child's foster carer, relative carer, or kinship carer as an alternative to state care. The primary differences between the jurisdictions relates to: who can apply for the orders, which families are considered appropriate for guardianship as opposed to adoption, and the level of support available to the child and new guardian.

Called statutory guardianship orders (SGOs) in WA, other person guardianship orders (OPGs) in South Australia (SA),[46] and permanent care orders (PCOs) in Victoria, these orders are in effect an alternative to adoption. As with open adoption, the intent is not to erase ties with the biological family. Rather the aim is to overcome the uncertainty often associated with placing children on orders made to the relevant department.[47]

With the passage of the NSW legislation in late 2014, all relative and kinship foster carers who previously had third party parental responsibility for a child or young person became their 'long-term guardians'. Open adoption remains the preferred option for foster carers.

In WA either the State or foster carers may apply for an SGO and this option does not appear to be restricted to kinship carers. In Victoria applications for PCO may only be made by the state, but as in WA, are not restricted to kinship carers.[48]

According to the latest Australain Institute of Health and Wellbeing (AIHW) data, in the decade since 2004/05, 2,210 Victorian foster care placements have been formally converted to permanent care.[49] This compares with approximately 80 'known' adoptions over the same period in Victoria.[50] In contrast to the small number of adoptions, PCOs are increasing with 302 made in 2013/14 alone.

38   AIHW 2014 p.49

39   In Victoria at least where for example, a joint permanent care order has recently been granted to a grandparent kinship carer and the child's uncle, see Permanent Care and Adoptive Families 2015 Newsletter Edition 27

40   See WA legislative directions discussed in Department for Child Protection (2012) Op cit as also evidenced in current Departmental brochures such as Home4Life promoting both permanent foster care/special guardianship orders and the option of carer adoption. https://www.dcp.wa.gov.au/FosteringandAdoption/InterestedInFosterCaring/Documents/HomeForLife.pdf accessed 23 March 2015

41   In NSW the Child Protection Legislative Amendment Act 2014 promotes increased open adoption as an option for more (primarily non-Aboriginal) children in care. This is part of a broader package of 'Safe Home for Life' reforms. See Family & Children's Services (FACS) (undated) Safe Home for Life Child Protection Reforms presentation http://www.facs.nsw.gov.au/__data/assets/file/0014/302432/SafeHomeforLife_Presentation_Oct-2014.pdf; Productivity Commission (2015) Op cit p.15.61

42   The Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014 (VIC) introduces reforms due to take effect on or before 1 March 2016, see Department of Human Services Changes to child protection law: Permanency reforms http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/changes-to-child-protection-law accessed 20 January 2014

43   On 18 February, 2015 the NT Parliament amended the Care and Protection of Children Act to establish a new permanent care option which transfers parental rights to a third party

44   Family & Children's Services (FACS) (2015) Fact sheet for adoptive parents, January http://www.community.nsw.gov.au/docswr/_assets/main/documents/changes_adoption_allowances_oohc.pdf

45   DHHS website, Become a permanent care parent, http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/adoption-and-permanent-care/become-a-permanent-care-parent accessed 22 March 2015

46   Department of Premier & Cabinet SA (2010) Other person guardianship Position Paper https://www.sa.gov.au/__data/assets/pdf_file/0003/9579/Other-person-guardianship-position-paper-2010.pdf

47   AIHW 2014b, Adoptions Australia 2013-14 http://www.aihw.gov.au/publication-detail/?id=60129549671

48   Family & Children's Services (FACS) (2015) Changes from parental responsibility orders to guardianship orders – information for carers, February

49   AIHW 2014b Ibid Table 4.3

50   IHW 2014b Ibid Table A6

On average it takes around five years for a child to be placed on a PCO,[51] and the children involved are mostly up to 12 years of age.[52] While SGOs in other states appear to be similar, they may not automatically entitle the carers to ongoing regular financial support. In Victoria, as with foster care, permanent care is accompanied by a small ongoing payment for the care of the child or young person until they turn18 years old.

Despite the benefit of ongoing financial assistance, carers themselves identify the lack of post PCO support as a barrier to their willingness to become permanent carers. The potential for strengthening support post PCO is one of the issues that has been identified in the Victorian OoHC: five year plan, as needing to inform review of the current funding model.[53]

Domestic or local adoptions

There are several types of adoption possible in Australia including domestic and intercountry adoptions. Domestic adoptions currently far outweigh intercountry adoptions (203 as opposed to 114 in 2013/14). Adoptions are described as 'known adoptions' when the parties involved are not strangers to each other. Known adoptions comprised over 75% of domestic adoptions in 2013/14.[54]

Increasingly these known adoptions are by foster carers (44% in 2013/14). The actual numbers are still relatively small. Nationally there were 89 adoptions by foster carers in 2013/14. Other known adoptions included step parent adoptions (64) and adoptions by relatives (2).

The largest number of domestic adoptions was in NSW (102) with most of the 89 carer adoptions occurring in that state, which is in line with the recent reforms discussed above. WA, which also promotes carer adoption, also demonstrates a higher number of known adoptions (27) than other states or territories. There were only six known adoptions in total in Victoria. Almost 90% are 'open' adoptions, emphasising continued relationships between birth families and the adopted child or young person and their adoptive family.

Adoption of Australian Indigenous children is rare. Seven Indigenous children were adopted in 2013/14, and less than 50 within the last decade. Almost half of the adoptive parents were also Indigenous Australians. It is not clear whether these adoptions stemmed from fostering arrangements, and if so, whether they involved extended family placements.[55]

Local adoptions of children not already known to those adopting them have declined in Australia, with a total of 46 in 2013/14, including 20 infants up to a year old in Victoria.[56]

Intercountry adoption

Contrary to popular perception, infants comprised only 14% of the 114 intercountry adoptions in 2013/14. The majority are of older children, with almost one in three aged five or over. Like children adopted from OoHC, these children and young people frequently have complex needs including both health and behavioural issues. These problems are often due to extended deprivation, often from poor quality institutions.[57]

Adoption practices in countries of origin increase the likelihood that children adopted through intercountry arrangements will have significant needs. For example, Colombia restricts intercountry adoption to older children, sibling groups and other children with special needs.[58] Such restrictions reflect that it can be difficult to find adoptive parents in their country of origin able to provide "the long-term therapeutic and intensive parenting" the children require.[59]

In 2014 the Australian Government commissioned a review of intercountry adoption. The review by the Interdepartmental Committee on Intercountry Adoption highlighted the inadequacy of post order support services as a major disincentive to this type of permanent care for children and young people.[60] National action was agreed by Council of Australian Governments (COAG) following the review. This included improving integration of existing Commonwealth funded family services programmes with existing post adoption support services provided by the relevant state and territory departments.[61] These services tend to be very limited.

There are a range of external factors influencing the declining number of adoptions of children not known to their adoptive parents (whether intercountry or domestic). Worldwide, countries are reporting a decline in the number of intercountry adoptions. In accordance with the principles of the Hague Convention on Intercountry Adoption, Australia supports efforts of countries of origin to place children through domestic adoption before intercountry adoption is considered.[62]

This makes it unclear whether the downward trend in intercountry adoption will alter greatly regardless of changed domestic policies. However, the impact of amendments to state level legislation promoting greater use of permanent care or adoption orders as a response to the needs of Australian children and young people in OoHC is more certain.

51 Victorian Government 2014, Op cit, p.41

52 DHS, Adoption and permanent care - frequently asked questions http://www.dhs.vic. gov.au/for-individuals/children,-families-and-young-people/adoption-and-permanent-care/adoption-and-permanent-care-frequently-asked-questions accessed 20 March 2015

53 State of Victoria, 2014, Op cit. p.41

54 AIHW 2014b Op cit.

55 AIHW 2014b Ibid Table 4.2

56 AIHW 2014b Ibid Table A5

57 AIHW 2014b Ibid p.44 For detailed discussion of the range of health and developmental issues commonly affecting children adopted from overseas, in addition to the challenges of cultural relocation, see for example Mather M (2007) intercountry adoption, Archives of Disease in Childhood, Vol 92 No 6 pp 479–482. doi: 10.1136/adc.2005.086322

58 AIHW 2014b Ibid p.38

59 AIHW 2014b Ibid p.44

60 Commonwealth of Australia 2014, Report of the Interdepartmental Committee on Intercountry Adoption, p.vi

61 See COAG 2014, Communique May 2 https://www.coag.gov.au/sites/default/files/COAG%20communique%202%20May%20-%20final%201300.pdf; and Tony Abbott (2014) Reform and Action on Intercountry Adoption, Media Release May 5 http://www.pm.gov.au/media/2014-05-05/reform-and-action-intercountry-adoption-0

62 Department for Child Protection and Family Support (WA), intercountry adoption, https://www.dcp.wa.gov.au/FosteringandAdoption/AdoptionAndHomeForLife/Pages/OverseasAdoption.aspx accessed 23 March 2015

"According to the latest AIHW data, in the decade since 2004/05, 2,210 Victorian foster care placements have been formally converted to permanent care."

Section 3:
Placement disruptions

Introduction

Disruption is the most commonly used term for the breakdown of a permanent placement which leads to the child or young person returning to or being placed in OoHC.[63] Understanding more about this can help guide decisions about permanency. It can also inform the support that the families offering an ongoing substitute family are likely to need.

Most, if not all, jurisdictions recognise that permanent care and adoption can present some challenges other families never have to face. The Victorian Government acknowledges that:

> "…Permanent care can be particularly demanding; these children come from situations that have sometimes been quite harrowing. They may have had a series of caregivers, and they may take a while to attach to you."[64]

This section explores the lessons to be learned from research of the permanent care/adoption experience in several jurisdictions including particularly the incidence of disruption and the factors contributing to this.

Australian experience

Australian data on disruptions of the various types of permanent care arrangements is limited and not published in any national or state level data sets. The risk is sometimes acknowledged in some of the information for potential applicants.[65] Correspondence from the Victorian Children's Court suggests that over 25 applications for revocation of permanent care orders may be made per year in that jurisdiction.[66]

The AIHW Adoptions Australia data collection includes data for intercountry adoption breakdown. The AIHW notes it is well recognised that even with careful placements disruptions may occur over an extended period. However, data only captures changes within the first twelve months of placement.[67] No disruptions were reported in 2012-13.

Risk factors noted by the AIHW include:

- Adoption of children with special needs

- Failure to display a secure sense of attachment within the first 12 to 15 months

- Parents have a lack of prior foster care or adoption experience and limited preparation, including limited access to information about the child's history.[68]

A NSW study exploring attempts to find permanent families for children and young people in OoHC indicated that breakdown of placements were not unusual. The disruption rate was higher than one in five or over 20% on first attempts. This declined to 7% by the second permanent placement.[69] The stability rates were calculated based on over twenty three years of records gathered from the well-developed Barnados Australia "Find-a-Family" (FAF) program, up to 2008.

Some caution should be accepted in terms of the broad applicability of the findings. Arguably the cohort was not representative of all children and young people in OoHC for whom permanent care or adoption may have been an option.[70] An older Victorian study looked at all special needs placements between 1980 and 1990 and found a disruption rate of 13.5%.[71]

Another way of looking at the pressures on permanent placements is provided by an intensive study representing 15% of the children and young people in the Barnados FAF program during 2008. It documented the amount of time over and above ordinary parenting that is required of foster and planned adoptive families. Additional activities related to either the child's special needs or establishment and maintenance of the placement itself.[72]

The average extra time was well over six hours per week, often due to multiple health problems and extra educational support required by the children and young people in care. Other time consuming matters were supporting birth family contact, particularly sibling visits, counselling, medical appointments, arranging respite care and case worker meetings. Carer time was frequently significant, particularly in the first year of placement, averaging close to two hours per day.

No placement disruptions occurred over the nine months of this study.[73] Nonetheless it indicates that demands on carers extend significantly beyond ordinary parenting, giving insight into pressures that may over time contribute to the breakdown of placements.

63   According to the AIHW 2014b Op cit. p.44, 'disruption' strictly refers to breakdown occurring before an order and 'dissolution' if occurring after an order is made. However other sources increasingly use the term 'displacement' in recognition that such outcomes do not necessarily involve complete estrangement

64   DHS, Adoption and permanent care - frequently asked questions op cit

65   For example Department of Child Protection (2011) Special Guardianship Orders, Information for Carers Home for Life specifically refers to 'Placement disruption or breakdown' and suggests assistance may be sought if there are difficulties threatening the placement, though no information about the rate of actual breakdown is provided. https://www.dcp.wa.gov.au/FosteringandAdoption/Documents/Fostering%20 Services%20fact%20sheets/SGO.pdf

66   Correspondence from Principal Registrar of Children's Court of Victoria to Permanent Care and Adoptive Families dated 10 December 2013

67   AIHW 2014b Op cit. p.44

68   See sources cited in AIHW 2014b, Op cit p.44

69   See Tregeagle, S, Cox, E, Forbes, C & O'Neill, C, 2011 Worker time and the cost of stability. Children and Youth Services Review 33, 1149-1158. This study looked at the Find a Family Program

70   The study focus was on children and young people with particularly high levels of need and often very challenging behaviour. Most had already experienced multiple moves within foster care. Alternatively they were babies and toddlers with complex family backgrounds that precluded any return to their birth parents

71   This involved 52 disruptions in 384 placements with placements of girls breaking down at a slightly higher rate than boys, see O'Neill, C. 1997, Policy and practice implications of permanent placement disruption, Australian Social Work, Vol 50, No. 2, 41-47

72   Forbes, C, O'Neill, C, Humphreys, C et al, 2011 Foster care and adoption: Carer/ parent hours beyond 'ordinary parenting' Children Australia 36, 2, 56-65

73   The study suggests possible explanations may in part relate to the effect of participating in the research itself and the personal characteristics of those who chose to participate

International experience – adoption disruption

As in Australia, domestic adoptions have been promoted in the United Kingdom (UK) to provide greater stability and permanency for more children and young people, and to reduce the costs of OoHC. In 2014 the UK Government funded a mixed methods research study conducted by Bristol University (the Bristol Study) to look at the outcomes. With the focus on adoptions from OoHC, intercountry and step-parent adoptions were excluded.

International research was carefully reviewed as part of the Bristol Study. Mostly related to adoption rather than other forms of permanent care the evidence shows that when pre and post order disruption rates are conflated, they can be very high.[74] UK studies that separate out disruptions pre and post order report a disruption rate of 4%-11% post order.[75]

The Bristol Study separately analysed the data on 37,335 adoptions over 12 years to 2011 in the UK. It found that the proportion of formal disruptions post adoption orders varies significantly up to 7%, according to the local authority responsible for the placement and support of the families involved.[76]

Overall, the Bristol Study concludes that the average rate of formal disruptions post adoption orders in the UK is 3.2%. This is similar to the rate of 3.7% found in one of the few other studies to look separately at pre and post order disruptions.[77]

Review of the data was supplemented by a survey of adoptive parents, the majority of whom (66%) reported that the adoptions were going well. However, it also found that whether or not an adoption formally breaks down, there can be very high emotional and other costs for the families involved. These issues are discussed further below.

The long-term stability of domestic adoptions from foster care in the United States (US) has also recently been investigated. The Donaldson Adoption Institute collected data from eight states on post adoption stability including 35,000 adoptions in Ohio and undertook new analysis of national data.[78] Based on its review, it estimates a rate of re-entry to state care in the US of 9.5% occurring despite a formal dissolution rate of only 2.2%.

International experience – permanent care disruption

Since 2005, in addition to adoption, permanency orders in the UK have included residence orders (ROs)[79] and special guardianship orders (SGOs). Interestingly, although SGOs have been increasingly used, this has not affected the rate of other orders; either adoption or ROs. Some 24% of children now leave care by one or other of these routes. However, almost a third of the children or young people now under a SGO were previously at the periphery of, rather than actually in, formal OoHC. This suggests the SGO enabled them both to achieve stability and avoid entry to formal OoHC.

The Bristol Study compared the stability of all three permanent care options, looking at the rate of disruption over a five year period.[80] A parallel study in the UK undertaken by York University (the York Study) focussed only on SGOs. The York Study utilised a mix method design and undertook a three to six year follow up, to examine almost 6,000 SGOs granted between 2006 and 2011 involving children or young people who had been in OoHC.[81]

The findings on stability are encouraging with all three orders resulting in relative stability with low formal disruption rates. At just 3.2% overall, adoptions are associated with the highest level of stability, despite these children and young people often having experienced more placements in foster care.

The SGO disruption rate found in both studies was just over 6% over five years.[82] The York Study suggests this underestimates the overall disruption rate. Children may have changed location and re-entered the system elsewhere, they may have moved informally within or outside the family network. In addition, over half the sample was still only ten years or younger. It is noted that adoption disruptions are more likely to occur in the teen years.

In interpreting these findings it may be useful to understand more about the profile of the different orders in the UK. As with Australian permanency orders, a key difference is the extent to which parental rights are transferred. Unlike adoption orders, SGOs apply only to the age of 18 but do enable the special guardian to exercise full parental responsibility.

ROs are the least frequently used orders and are mostly granted to relatives, often a previously non-custodial parent. The RO disruption rate was much higher at 25% over a six year period – still much lower than the rate of breakdown after attempts at reunification with the original custodial birth parent.

74   As demonstrated in Rushton's 2003 review which looked at four UK and eight United States (US) studies to estimate a general disruption rate of 20% (range 10-50% depending on age at placement. Rushton, A. 2003, The adoption of looked after children: A scoping review of research. London: Social Care Institute for Excellence cited in Selwyn, J, Wijedasa, D and Meakings S, 2014b. Beyond the Adoption Order: challenges, interventions and adoption disruption Research report http://www.adoptionuk.org/sites/default/files/articles/BeyondAdoptionDfEreport.pdf. Selwyn et al suggest findings of very high rates of disruption are distorted by the inclusion of adoptions that occur very early (ie within weeks) after placement and or a focus on cohorts that are more likely to disrupt rather than the general population of children adopted from OoHC

75   Selwyn, J, Wijedasa, D and Meakings S, 2014b pp.17-18

76   Selwyn, J, Wijedasa, D and Meakings S, 2014a op cit. p.6

77   Randall 2013 cited in Selwyn J, Wijedasa D and Meakings S 2014a op cit

78   Livingstone-Smith S. 2014 Op. cit.

79   Now replaced under the Children and Families Act 2014 with a new child arrangement order

80   Selwyn, J & Masson J 2015, Adoption, special guardianship and residence orders: a comparison of disruption rates, Family Law Journal, vol. 44, pp. 1709-1714 http://dx.doi.org/http://www.familylaw.co.uk/news_and_comment/adoption-special-guardianship-and-residence-orders-a-comparison-of-disruption-rates

81   Wade J, Sinclair I, Stuttard L & Simmonds J, 2014, Op cit

82   Wade J, Sinclair I, Stuttard L & Simmonds J, 2014, Op cit p.8. The Bristol study finding was similar at 5.6% over a 5-year period

There are also some differences to adoption in the cohort characteristics, both in terms of the children and young people and the families they join. In comparison to children on SGOs and ROs, most adopted children have a 'white' ethnic background, are younger on admission to care and when placed for adoption, have fewer if any attempts at reunification and have had multiple placements in foster care.

Of note, while most UK adoptions involve children or young persons from OoHC, only about 15% of adoption orders are made to their existing foster parents. Such adoptions are no less stable. The rate may be consistent with the focus of foster parents on temporary care of children.

SGOs are most often used where children or young people are in kith or kinship care, predominantly involving grandparents, or other relatives. However, local authorities vary widely in the extent to which SGOs are granted to unrelated foster carers. These differences appear to be idiosyncratic to the local authorities rather than about the children concerned.

SGO families are entitled to financial and other support services from their local authority. This is discretionary, based on assessment of need and what the local authority offers. Some local authorities have developed specialised models of service, recognising that support is needed to sustain these arrangements successfully. Others provide less follow up support and tend instead to restrict SGOs to highly settled arrangements that hopefully might sustain themselves.

Disruption risk factors

Adoption

The Bristol Study found disruption tends to occur five or more years after the adoption order. Disruptions related to children being older at entry to care, being over four years old on placement, and with having experienced multiple placements in care.

These findings reinforced international research evidence on factors associated with disruptions, which are categoriesed into three groups:

- Child related factors include older age at placement and behaviour difficulties. Some studies have also identified inaccurate assessments of the child's difficulties, as increasing the risk of disruption

- Birth family factors include child maltreatment and exposure to domestic violence

- System related factors include delayed decision making leading to increased numbers of previous placements. All of these issues are compounded by lack of information and support for adoptive families.

Teenagers are 10 times more at risk of disruption compared with young children. Most adoption breakdowns actually occur during the teenage years. In the UK the average age of the teenager was 14 years old. Children aged four or older at placement were about 13 times more likely to experience adoption disruption compared with those who were infants at placement.

Both the Bristol and Donaldson studies suggest adolescence may well be the period of greatest need. Both studies note adoptive parents of teens previously adopted from foster care report high utilisation of mental health services, though not always to great effect.

An important aspect of the information families in the UK felt they needed, was whether their child could be expected to live independently as an adult. This suggests that the transition to adulthood is another significant point at which families need reassurance that support will be available to them, as well as to the young person involved.[83]

Permanent care and Statutory Gaurdianship Orders (SGOs)

In contrast, non-adoptive permanent care placements are more likely to disrupt quickly. The York Study found SGO disruptions tend to occur within two years of the order.

Risk factors for disruption of an SGO are similar to adoptions in that disruption is more likely:

- Where children are older at the time the order is made, with SGOs of children 9 years or older are clearly at more risk of disruption

- Where children have experienced more placement moves.

Similarly, SGO and RO disruptions are not associated with gender or ethnicity. Consistent with comparable populations of fostered and / or adopted children, a settled relationship and close bond with their carer prior to the SGO being made was found to be important. Not surprisingly then, the York Study found the most stable SGOs were those made to family or friend foster carers, especially when the children or young people had experienced no moves in care.

However, caution is urged in interpreting this as suggesting orders made to relatives are always more stable. Kinship disruptions are less likely to be formally reported and may be more likely to involve an informal move within family or friendship networks.

The study concludes that solid preparation of all involved in a proposed SGO is worthwhile. This includes a period of monitoring as with adoption and fostering. This assists both with settling in and establishing immediate support needs. In addition, support packages for families in line with those now being developed for adoptive families would be valuable.

The York Study noted that where local authorities had concerns about the SGO applications, it was because of factors indicating a need for support. Examples were: the relationships between birth parents and guardians; the age, physical or mental health of guardians; and the needs, especially behavioural, of the children or young people.

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83   Selwyn, J, Wijedasa, D and Meakings S, 2014a, p.12

Other indicators of placement wellbeing

An important finding of the international studies is that disruption is a very limited indicator of whether a placement is going well or not. In addition, a focus only on formal disruptions masks a range of disturbing findings. Both the Donaldson Study in the US and the Bristol Study in the UK found that in addition to the numbers of adopted children who re-enter foster care, there are others who leave their families either temporarily or permanently, and still others who continue to reside with their families but face severe challenges.

Three measures that York Study developed to assess whether the child or young person was doing well included:

- Overall progress including the bond between the child and guardian, and rate of reported emotional and behavioural difficulties

- Integration into the family as assessed by the guardians

- Development and wellbeing in key domains such as health, education, and friendships.

Children with emotional and behavioural difficulties fared worse overall, as did their guardians. The quality of the pre-existing bond between guardian and young person appeared to be a protective factor even where these difficulties were evident. Support from family networks was rated by guardians, more than half of whom were single female carers, as more important than any help received from professionals.

The Donaldson Study suggests that 10-15% of families would benefit from intensive adoption preservation services and at least 20-30% of young people, and their families, would almost certainly benefit from specialized adoption-competent and trauma-based therapeutic counselling.[84]

The Bristol Study In particular found an unexpected but strong theme of 'child to parent violence'. Young people were mainly violent to their new mothers, but fathers, siblings, pets and grandparents were also attacked.[85]

In depth analysis, including interviews with both parents and young people, revealed that the low rate of disruption was often at high cost to the adoptive parents. Although adoptions provided a highly stable option, there was a serious adverse impact in a significant minority of cases, sometimes with lasting effect on the parent's employment and mental health. Many adoptive parents showed symptoms of post-traumatic stress disorder and or moderate to severe depression.

Despite experiencing significant trauma themselves, parents tended to maintain meaningful relationships with their children (including providing financial support) even after they had left the family home. The ongoing relationship was also important to most of the young people interviewed. Ironically, attempts to reunify these families was unusual.

Where families were poorly supported, both the UK and US studies found there was not only greater risk that placements will disrupt, but parents also often felt blamed for their children's problems and betrayed by their experience of trying to provide permanent care or adoption. Importantly, most of these parents would not recommend permanent care to others, unless support services were significantly improved.[86]

The cost of placement breakdowns

Clearly placement breakdowns result in huge costs. It is no less than a personal tragedy for the families, the children and the young people involved with serious emotional and other issues.

As the Donaldson Study points out, children and young people who are not provided with support within a substitute family are far more likely to experience a range of negative life outcomes and to require societal support as an adult. Similarly, the Bristol Study found that when placements disrupted, the young people generally re-entered care, experienced further multiple placements and continued to display serious challenging, and in some cases serious criminal behaviours.

More immediate costs to the community are also very significant and may include trying to find a new placement for the child or young person.[87] As the Australian Barnados study shows, this may not always be possible.

The costs to the community may often include several years placement in residential care. This is certainly the experience in the US. About 85% of those returning to care following disruption do so over the age 10, as pre-teens or teenagers. Largely due to their age they are far less likely to be re-fostered and instead tend to 'age out' in residential care.

These costs are significantly higher for the state than a family placement, As noted above, in Victoria residential care averages close to $400,000 per year versus less than $30,000 per year for in-home foster care.

86   Radwan, K, undated Beyond the Adoption Order: challenges, interventions and adoption disruption Summary Adoption UK http://www.adoptionuk.org/beyond-adoption-order-summary#LookingBack
       See also University of Bristol, 2014, Report reveals adoption breakdown rate and the experiences of adoptive families in crisis, media release 9 April http://www.bristol.ac.uk/news/2014/april/adoption-report.html; Science Daily (2014) Reality of adoption breakdowns revealed by new research, Featured Research 9 April http://www.sciencedaily.com/releases/2014/04/140409094326.htm

87   A Victorian study conservatively estimated these costs at over $25,000 per disruption for the first seven months following the disruption. See O'Neill, C. (1997) Policy and practice implications of permanent placement disruption, Australian Social Work Vol 50 No. 2 41-47

84   Livingstone-Smith S, 2014, Op Cit p.5

85   Selwyn, J, Wijedasa, D and Meakings S, 2014a, p14-15

"Clearly placement breakdowns result in huge costs. It is no less than a personal tragedy for the families, the children, and the young people involved with serious emotional and other issues."

Section 4:
Post placement support

Introduction

The policy ramifications of the Donaldson, Bristol and York studies are important not just in the UK and US. They also provide useful guidance for other jurisdictions such as Australia that are hoping to increase stable options and provide permanent homes for children and young people in care.

While all three international studies conclude that adoption and/or permanent care are relatively good options for children and young people who cannot live with their birth parents, they raise serious questions for policy makers about the care and support available to those involved.

To paraphrase the Bristol Study, given what we now know of the challenges and impact on permanent families, including the pain and distress of young people who struggle to live in a family, the spotlight now has to be shone onto post order support.[88]

This section looks at the implications of these studies including the need for improved post placement support in Australia.

Policy implications

In contrast to the high costs of permanency planning that is not well supported, the savings accrued where the provision of a permanent home enables a child to leave OoHC or avoid it in the first place are significant. The York Study specifically suggests the savings are certainly sufficient to fund both good preparation of placements and provide a wide array of support to families. [89]

The York, Bristol and Donaldson studies raise common support issues that policy development in OoHC and permanency planning should encompass.

At a basic level, carers needed to know what post order support services were available. This information was often very difficult, not only for parents and guardians but also professionals, to ascertain. Adoptive parents particularly appreciate packages of social work support coupled with therapeutic interventions.[90] Too often carers were not able to access timely support their understanding was limited (including that of social workers), the same ineffective interventions were repeatedly offered and specialist referrals were rare.

In terms of SGO support, local authorities in the UK are required to provide a range of dedicated services. However, as in the case of adoptions, the York Study suggests regular opportunities for review of assistance should be offered. In a significant minority of cases supervision orders were actually made to ensure support needs were met.

Over a third of children and young people received therapeutic, behavioural and/or educational assistance at some stage. Yet few arrangements were in place to enable guardians to re-establish contact post orders with relevant agencies as support needs emerged. A third of the SGO families reported that support was either not made available or was too difficult to access.

Financial support was variable though important. It was also generally required beyond the two years specified in regulations in the UK. Access to leaving care services was nominated as a deterrent to SGOs for some foster carers looking after older children. This especially related to support for further / higher education. Obviously permanent placements should be offered the same benefits as arrangements such as foster care.

Other specific supports that guardians considered helpful included provision of named contacts, newsletters, support groups, annual visits and phone calls. Proactive provision avoided the implication of failure that seeking help might otherwise attract. Services some local authorities had developed directed at supporting special guardians included advice, guidance and advocacy. Notably, support often related to managing birth family contact with over one half of guardians receiving social work assistance to supervise contact.

Both UK studies suggest that continued work on improving child and parent relationships after a disruption is sadly lacking. Reunification with the adoptive or SGO family should be considered. Even young people on a pathway to independence would benefit if parental support continues, although this may sometimes need to be at a distance.[91]

Not all aspects of these study findings may be directly applicable in an Australian context. However, they underscore the importance of support not just in the early years of placements. Significantly, almost a quarter of children and young people whose parents considered the adoption was going well were above the cut off score for clinically significant difficulties. Further, many of these children and young people had multiple diagnoses clearly making parenting more challenging.

The findings of these studies reinforce the need for ongoing support to ensure that the promise of a permanent home for the children and young people involved is delivered. Families should also be treated as partners with professionals to best manage their children's problems. This needs to include education in how to most effectively "interrupt dysfunctional patterns of interaction," facilitate developmental catch-up and address children's emotional issues.[92]

88   Selwyn, J, Wijedasa, D and Meakings S, 2014b, p.25

89   Wade J, Sinclair I, Stuttard L & Simmonds J, 2014, Op cit p.6. They make this point arguing for the expansion of the UK's new adoption support packages to other forms of permanent care.

90   Selwyn, J, Wijedasa, D and Meakings S, 2014a, Op cit pp.16-17

91   For the full list of recommendations see Selwyn J, Wijedasa D and Meakings S, 2014a, Op cit pp. 25-29

92   Livingston Smith 2014, op cit

The nature of the support that needs to be available is broad. Preventive and early-intervention services are important, as well as clinical interventions for very challenging situations. Based on the international research, services that assist include:

- Ongoing support of parents including educational and supportive services, not only in the early years of placement, but perhaps especially in the teenage years;

- Creating an information and referral system that is supportive of consumers and that links them to adoption-competent services;

- Provision of improved and adoption-competent mental health and therapeutic counseling services, including training in Non-Violent Resistance to deal with child to parent violence;[93]

- More effective promotion including an online database of good practice and innovation in post order services, and support implementation.

- Respite options as well as other intensive support (such as 24-hour crisis support) for those parenting children with significant challenges;

- The benefits of peer support, support groups, training and other strategies that both assist families to understand the complex behaviours that the children and young people can demonstrate and are also identified as helping to reduce feelings of isolation the families often experience;[94]

- Support for families to undertake high quality life story work that helps construct a coherent life narrative for the many children where contact with birth families is conflicted or absent;

- A 'supported mediated contact service' for adolescents who wish to re-establish birth family contact or simply need questions answering;

- Support to deal with allegations made against guardians or adoptive parents is important. This includes independent advice and support for the parents as well as the child or young person;

- Questions about Child Parent Violence in all assessments for post adoption support services. Information may not be volunteered because of the shame and the stigma felt by families;

- Requiring adoption agencies to demonstrate that both children and young people and their parents know about and have access to support services.

Support for permanent care in Australia

Clearly the shift to greater focus on permanency planning is a venture accompanied by a level of risk. A clear policy commitment to the families that take on these roles needs to ensure ongoing support for all types of permanent care. The support must be flexible enough to respond to their identified needs and concerns. This is vital if more families are to commit themselves to providing permanent homes for children unable to live with their original families.

Major reforms to OoHC and adoption in the UK have been heralded with the passage of the *Children and Families Act 2014*.[95] This includes better information about the types of support available. An 'adoption passport' is backed by creation of a £19.3 million Adoption Support Fund. From spring 2015 this is intended to help adoptive families access relevant help. Personal budgets are intended to give them more autonomy to decide where to access the type of services they want following an assessment of need.[96] Given the findings of the York Study it would be surprising if this approach is not extended to other permanent families.

In Australia support for the children in and post OoHC is improving. However a clear gap exists in the support provided to the families who offer permanent homes. Current levels of support appear to be limited and focus particularly on the point of crisis.[97]

Disruption is one end of the spectrum that must clearly be addressed. The assistance now on offer in the UK specifically includes help where an adoption breaks down. However, it also includes early intervention help to prevent disruption occurring at all. The spectrum includes respite, training, counselling and access to behavioural and mental health services. Importantly it includes emphasis on peer support and networking between adoptive families as well as for their children.

As the international research indicates, most permanency placements do well and more should if they are well supported. However, there is also clear evidence that those parenting children unable to live with their birth parents can expect to experience a burden of care greater that goes beyond 'ordinary parenting'.[98] Further, while these recommendations are made with particular reference to permanent care of children from foster care, there are parallel needs in the case of families formed through intercountry adoption.

Routinely available and accessible specialist support is needed not only during the early years of placement. The need is ongoing but particularly includes key points known to carry particular risk including the teenage years and during transition to adulthood.

93   As some local authorities have already begun to develop as part of a suite of innovative and flexible services for those parenting teens and for the teenagers themselves, see Selwyn J, Wijedasa D and Meakings S, 2014a, Op cit pp. 23-24

94   See particularly Wade J, Sinclair I, Stuttard L & Simmonds J, 2014, Op cit p.14; and Livingston Smith S, 2014 Op cit

95   Department for Education website 2013 updated to 1 July 2014, Policy Looked-after children and adoption, https://www.gov.uk/government/policies/improving-the-adoption-system-and-services-for-looked-after-children

96   Although it appears even with an assessment and the fund this support is not necessarily available free of charge. First for Adoption (2014) The adoption passport: a support guide for adopters http://www.first4adoption.org.uk/wp-content/uploads/2014/07/The-Adoption-Passport.pdf

97   For example, special guardians can approach the WA Department for Child Protection permanency support team for assistance in the event of difficulties that threaten a placement to prevent a child or young person coming back into care. Department for Child Protection (WA), undated, Special Guardianship Orders, Information for Carers Home for Life Brochure https://www.dcp.wa.gov.au/FosteringandAdoption/Documents/Fostering%20Services%20fact%20sheets/SGO.pdf accessed 23 March 2015

98   For further illustrations of some of the issues confronted by non-biological families see the selection of Research: Studies and Papers at the Permanent Care and Adoptive Families (PCA Families) website http://www.pcafamilies.org.au/resources/research-studies#.VLisP_mUeSo accessed 16 January 2015

The need for support may also be especially obvious when considering the characteristics of particular families. Many permanent carers are single, they may have limited experience with children and/or family members may come from different cultural backgrounds.

It should be clear that a one-size-fits-all approach to the delivery of support is inadequate. The new UK approach acknowledges that common needs arise due to the requirement for a substitute family in the first place and the factors which support the maintenance of the new family arrangement. These factors include significant stresses along with additional parenting requirements in most, if not all, permanency placements. The actual support required will also vary with the complexity of the individual child or young person's needs and the personal resources of their family.

Considerable emphasis is apparent in the UKs direction toward collaboration between government, service providers and permanent families, in order to ensure a range of support that is both competent and responsive. Policy directions for OoHC in the state of Victoria similarly identify the need for a 'co-design' model of support services if they are to be truly responsive to those they are intended to assist.[99] Participation by all parties to permanent care, not least the families, children and young people, involved in the development, and in some cases, the delivery of services should be considered.

In addition to the importance of competent professional services, this last point highlights the benefits of peer support as an integral, rather than add-on, source of information, education and advocacy services for families. As noted, peer support plays a relatively inexpensive role that is highly valued by parents. This is not least because it helps reduce their sense of isolation and inadequacy.

Peer support services offer a credible, non-judgemental avenue for information and referral, particularly when contact has been lost with original placement agency workers. They can offer tailored support, guidance and training delivered both by appropriate professionals and other parents who have shared similar experiences. They are consumer oriented services delivering 'co-designed' programs that make a real difference.

99   Victorian Government 2014, Op cit. p.8

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