



# Question Time: Frameworks for Care

*A Discussion Paper*



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## Question time: Frameworks for Care A Discussion Paper

*One of the earliest discoveries I made in living with children who had lived through great harm in their early life was that 'common sense' would not be enough to see me through*

*(Kate Cairns, Foster Carer and Social Worker 2002, i-ii)*

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## 1. INTRODUCTION

Out-of-home care systems around the world are under pressure. The demand for out-of-home care in Australia has continued to climb since the early 1990's (Barber and Gilbertson 2001). In Queensland alone there were 5,657 children in departmentally funded out-of-home care at 30 June 2005, an increase in demand of 28.2% since 2004 (Queensland Government 2005:40) and almost 88% in the five years since 2001 (SCRGSP 2006).

The pressures created by increased demand are compounded by increased complexity of need. Australian research over the last 10 years has confirmed the depth of need displayed by children in out-of-home care (for example Bath 1998; Cashmore and Paxman 1996; NSW Community Services Commission 2000; NSW Community Services Commission 2000B; CMC 2004; Mason and Gibson 2004). Other researchers and practitioners agree:

*Research suggests that compared to children in the past, children in placement today are significantly more disturbed. ...children entering out-of-home care also experience higher rates of both acute and chronic mental illness, developmental delays and mental health problems, with higher levels of emotional and behavioural disturbance, substance misuse, learning difficulties, psychiatric issues and sexual acting out*  
(Wise 1999).

In Queensland the vast majority of children in out-of-home care are in family-based placements – almost 99% (5,596 children) at 30 June 2005 (Queensland Government 2005:42). Family-based care is provided by carers in their own homes and includes relative care, foster care and relatively recent initiatives involving the use of specialist or professional foster care. Although use of relative care is gradually increasing, representing 27% of family-based placements at 30 June 2005 (Queensland Government 2005:42), foster care remains the system's mainstay (Butcher 2005; PeakCare 2003), with 72.2% of children in out-of-home care placed with foster families at 30 June 2005 (Queensland Government 2005:42). Consequently, foster carers and the workers who support them, are confronted by greater demands than ever before, with increased placement numbers, increasing demand and increasingly intense child need.

This situation has helped stimulate innovation in Queensland, with policy-makers and practitioners now exploring ideas around specialist approaches to foster care. However, despite the evident commitment and hard work of many in the system, it is inevitable that these pressures would also have some negative effects. Issues about the care of children in placement were a major trigger for the recent Crime and Misconduct Commission (CMC) Inquiry. This Inquiry revealed the damage done to the broader child protection system by years of under-funding (CMC 2004). Reform in the wake of this Inquiry has been extensive and wide-ranging, with government now having realised nearly all 110 of the Inquiry's recommendations. Foster care in Queensland has benefited from attention to critical and long-standing issues such as recruitment and retention, screening and assessment, training and support, remuneration and accountability (Queensland Government 2005; Queensland Government 2006).

Now, as we prepare to move beyond the outcomes of the Inquiry, a unique opportunity exists to build on these recent achievements. It is timely to reflect on how 'caring work' is understood and approached in Queensland, for the purpose of articulating a shared 'framework for care'.

*We clearly need more resources to provide good services to children in the care system. But we also need clear ideas about what it may be helpful to do, why and when. We can draw on our own experience and the practice wisdom of others but we owe it to the young people to draw also as much as we can on the best knowledge available in terms of relevant research and thinking...*  
(Gilligan 2001:1).

Over time, the relentless demands upon the system have helped to fray the consistency of our understandings about the purpose and nature of caring work and how it is approached in practice. Current attention to viability issues for foster care provides an excellent platform for work toward a contemporary framework for care. This work involves development of a shared understanding and consistent approach to caring work, informed by a range of evidence, which is responsive to local needs and issues. Our effectiveness in using the resources now available can only be enhanced by the sectors working together to articulate a common understanding of caring work in the contemporary context. There will never be a better time to begin questioning what we understand caring work to be about and what is considered 'helpful to do, why and when' (Gilligan 2001:1).

This paper seeks to open up discussion toward the building of this contemporary framework by considering the:

- nature of out-of-home care in Queensland today
- core concepts relevant to the needs of children in out-of-home care
- questions generated for further discussion.

The impetus for this paper was a workshop presented by PeakCare in November 2004 for members of the Fostering Agency Network. That workshop challenged participants to review their personal practice frameworks against knowledge from work in the areas of attachment, loss, grief and resilience. This paper builds on the content of that workshop to offer some suggestions for further discussion about the orientation of a contemporary framework for care.

## 2. FRAMEWORK FOUNDATIONS

Australian researchers and practitioners have united around the need for more local research to better inform policy and practice in out-of-home care (Cashmore and Ainsworth 2003; Higgins et al 2005). Consistent with this, the Department of Child Safety is currently working to encourage and support research with the praiseworthy intention of building our local knowledge base. However, while we await the outcomes of these initiatives, practice must continue and it remains the case that the full import of existing knowledge is yet to be integrated with practice.

### 2.1 The nature of the care experience

The obvious starting point for the building of a contemporary framework is to consider the nature of the care experience for children and young people in Queensland today. While it is acknowledged that children and young people in care are not a homogenous group, with a uniform experience of care, it is also true that local data and broader research reveals some characteristics common to the care experience. These characteristics, suggested here as central to the further development of our frameworks, are:

- out-of-home care is a temporary experience for most children and young people
- major transition is inevitable for all children in out-of-home care
- loss and grief is a profound part of the out-of-home care experience for any child.

a) Out-of-home care is temporary for most children:

Historically, child protection work has been influenced by notions of ‘child rescue’ (Swain 2001). Workers acted to remove children from ‘bad parents’ with the idea that these children could grow up in care with ‘substitute parents’ in a safe and better situation (Wise 1999). While this perspective is no longer accepted in policy rhetoric, the sensational reporting of extreme cases of child abuse helps continue a perception by some that the majority of children in the system need long-term placements to protect them from parents ‘who don’t deserve to have children’. The prominence of ongoing debate in jurisdictions across Australia about the use of permanency options such as adoption and long-term guardianship may also subtly reinforce the idea that many, if not most, children in care are there for the long-term.

However, reference to research and local data (for example, Ainsworth 2001; Bullock et al 1998; Sinclair 2005) strongly suggests that:

- the *majority* of children in placement eventually return home
- for many of these children this happens sooner rather than later.

Publicly available data in Queensland does not directly report on how long children currently in placement have been in care, or the numbers of children returning home to family on exit from care. However some sense of the local scene is given by the use of proxy measures derived from the data that is available (Queensland Government 2005; SCRGSP 2006). In the year 2004-05, 1,208 children in out-of-home care in Queensland exited care<sup>1</sup>. Of these:

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<sup>1</sup> This includes all children exiting out-of-home care whether or not they were subject to a child protection order. As of 30 June 2005, 637 children were in out-of-home care with the consent of their parents and were not subject to child protection orders (*Child Protection Queensland 2004-05 Performance Report*, Queensland Government 2005).

- 1080 children, or 89.4%, had been in care for less than five years
- 901 children, or 74.6%, had been in care for less than two years
- *just 128 children (10.6%) had been in care for five years or more.*

A large proportion of children leaving care in 2004-05, (499 children or 41.3%), had been in out-of-home care for less than six months (Queensland Government 2005; SCRGSP 2006). While at first glance this would seem to confirm beyond doubt that placement is a very temporary experience, it must be noted that this group is highly likely to be composed of children who are:

- in time-limited placements with parental consent and not subject to child protection orders. (For the last two years the number of placements made with parental consent has hovered around 11% of children in out-of-home care - 11.3% as at 30 June 2005, 10.9% as at 30 June 2004, Queensland Government 2005)
- subject to assessment orders or interim orders that do not progress to final child protection orders.

However, taking into account only the children *who have been in care for more than one year* (and therefore omitting from the count placements which are by definition short-term, i.e. children placed with parental consent and children under assessment or interim orders) we can observe that the trend toward a temporary experience is also true for children likely to be subject to *final* child protection orders.

The total number of children in out-of-home care exiting care in 2004-05 who had been in care for more than one year was 512 children. Of these:

- 205 (40%) had been in care for one or more years but less than two years
- 179 (35%) had been in care for two or more years but less than five years
- 128 (25%) had been in care for five years or more (Queensland Government 2005, Table 35; SCRGSP 2006, Table 15A.72).

This suggests that just on 75% of the children likely to be subject to final child protection orders exiting out-of-home care in Queensland in 2004-05 were in care *for less than five years*, with 40% in care *for less than two years*. This finding needs to be considered in conjunction with two other facts:

- *the majority of children who exited care in 2004-05 did not have multiple placements.* Of the 1,208 children who exited care in 2004-05, 1,069 (88.5%) had only 1-3 placements. If the data for children exiting care under one year is excluded from analysis (giving an approximate measure of children on final child protection orders) then we find that 391 (76.4%) of the 512 children exiting care in 2004-05 who had been in care for more than a year, had only had 1-3 placements (Queensland Government 2005, Table 35)
- *the vast majority of children in out-of-home care have been in their current placement for less than five years.* 5,070 children (89.6%) of the 5,657 children in out of home care as at 30 June 2005 have been in their current placement for less than five years (SCRGSP 2006, Table 15A.71).

We have seen that most of the children likely to be subject to final child protection orders who *exited* care in 2004-5 had been in care less than five years. Data is not available on how long children *currently* in care have been in care. However if the majority of children in care on child protection orders have not moved often, then it is

likely that they have spent most of the period of care in the current placement. Given that the current placement, for most, is less than five years duration, this reinforces the picture that most children do not spend the majority of their childhood in care.

Together this data supports the contention that most children in placement in Queensland *do not grow up in care*. While little is known about the quality of decision-making around exit from care, or the ultimate success of return home for children, these findings strongly suggest that *placement away from home is a temporary experience* for most children in the system, particularly when the length of placement is compared against eighteen years of childhood. Taking this latter point further, it could be argued that the care experience is temporary for all children when considered from a lifespan perspective. “*Foster care does not, for a variety of reasons, provide most children with a home for life*” (Sinclair 2005:37).

Understanding placement as a temporary experience generates some obvious questions for practice frameworks. Immediately it reinforces the importance of current practice principles that state the child’s need for continuing relationships with their family, community and culture. However, it also leads us to consider:

- could the system do more to promote this by actively structuring placement work around family and cultural connectedness?
- is there room for placement to be used as a tool in actually developing and strengthening these relationships to make them safer for the child?
- what challenges does this create for how placement is currently conceptualised and enacted by workers, carers and policy-makers?

Traditionally placement was understood as a service largely oriented to meeting the safety and daily care needs of children. However recognising the temporary nature of care for many children confirms that placement cannot be understood as an end in itself (Wise 1999). This supports the shift happening overseas, and starting to become apparent here, toward placement being seen as a service for children *and* their families (Berry 2000, Berry 2005), rather than simply a ‘safe haven’ for children. This perspective brings some major challenges for how we understand the purpose and role of placement within the broader child protection system, and has the potential to significantly affect our expectations of what work carers and workers could do, on a daily basis, with whom.

b) Transition is inevitable for children in care:

*By definition transition is at the core of foster care, just as much as care is*  
(McIntosh 1999:29).

Out-of-home care systems have long been concerned with issues of instability for children and young people and the effects upon their development, well-being, security and sense of belonging (Barber and Gilbertson 2001; Cashmore 2000; Daniel et al 2002). In response to this the notion of stability, largely interpreted as children remaining in the same place with the same people (Gilligan 2001), has been identified as a core need or goal for children in out-of-home care, and is reported on in jurisdictions across Australia (SCRGSP 2006).

However it must be recognised that even if placement stability was achievable for the entire population of children in care, *every child would still experience some significant transitions*. Every child entering out-of-home care has to negotiate at

least two major transitions, entry to placement and exit from placement, with some children experiencing many more changes than this. Research suggests that even when a child's safety is secured by removing them from home, their development is negatively affected by the transition itself, and the more traumatic the separation, the more significant these negative effects are likely to be (North Carolina Division of Social Services and the Family and Children's Resource Program 1997).

Aside from a change of residence and carers, children entering placement may have to contend with changes to routine, school, their community, friendships and activities. Emotionally, *all* children and young people in care have to negotiate critical transitions around the role, place and function of their relationships with their family, which affects their identity and sense of belonging. Transitioning from care, whether this involves a return to family care or a move to independent living, invokes similar challenges, even for those leaving care at eighteen years of age. Research from Australia and overseas (Ainsworth 1997; Ainsworth and Maluccio 1998; Bullock et al 1998; Cashmore 2000; Courtney and Barth 1996), suggests that many young people in this relatively small group are likely to seek to reconnect with their families *in some way* upon leaving care, stimulated by needs around identity and belonging.

Transition has been called "*the most vulnerable point in a child's foster care experience*" (McIntosh 1999:30). If it is to be therapeutic in effect, rather than traumatic, it must be actively managed, and managed well. Yet, even though leaving care is possibly the transition that has garnered the most attention, it appears that 'doing this well' remains an issue in practice (Cashmore and Paxman 1996, 2003; McIntosh 1999). The literature suggests that the full import of the transitions children experience is often not recognised or responded to well:

*...welfare professionals become inured to the impact of placement change upon children and young people, as indeed do the children and young people themselves. This latter effect then feeds the former: the lack of apparent distress evinced by children after numerous moves is cited as evidence that it is doing no harm or even indeed that their 'lack of attachment', in some way apparently justifies the moves, rather than progressively contributing towards it (Kiraly 2002:11-12).*

Repeated transitions that have not been managed well can destroy future attachment opportunities and create behavioural issues. These behavioural issues are then often attributed to family contact or the circumstances that led to the child entering care, creating more damage.

Transition must be recognised as an inevitable part of out-of-home care. To respond effectively to the needs this creates, workers and carers must remain aware of the magnitude of change each and every transition can bring for children. Some of the immediate issues produced are:

- the need to link people, places, activities and other things familiar to the child into their experience of placement. How can workers and carers actively structure placement to make these links with the familiar a key focus?
- how could workers use their own relationships with people who know a child well to ease the pain of transition for a child?
- what challenges arise for the types of relationships carers need to establish with a child's family and what levels of contact might this involve?

- what does this suggest about contact between current and former carers and continuing contact for the child with former carers?
  - what changes might this involve for the working relationship between workers and carers?
  - what roles would carers and workers take in planning and implementing key transitions?
- c) The profundity of loss and grief

Any child entering out-of-home care will experience major loss and a sense of grief, around their home and family relationships, sense of self, and feelings of belonging, familiarity and security. For many children, their experiences while in care will compound and exacerbate their initial losses. Suffering the losses associated with entry to care impacts on a child's behaviour and feelings, affecting their capacity to connect with others and settle into placement:

*Children separated from their families for any reason will inevitably be grieving and will probably also be deprived of the familiar structures for holding and containing that grief*  
(Cairns 2002:137).

Sometimes workers and carers find it hard to understand that even where entry to care brings safety from extremely dangerous situations, there can still be enormous grief for the child. This grief is further complicated by ambivalent or hostile relationships. Each transition during care can reawaken old losses and inflict new hurts – movement in care can easily sever connections (NSW Community Services Commission 2000). Research reveals that repeated loss and grief experiences can interfere with the development of healthy attachments and a child's capacity for future relationships (North Carolina Division of Social Services and the Family and Children's Resource Program 1997).

Loss and grief in the care system is not restricted to children and young people in placement. The effects of loss and grief upon parents and families are profound (Thomson and Thorpe 2003), with an important Australian study suggesting that when this is expressed as hopelessness, despair and helplessness, it is all too easy for the system to let relationships between families and their children flounder (Fernandez 1996). Foster carers too, suffer from loss and grief connected with events they experience in their fostering role, which in turn may also open up old wounds (Cairns 2002; Edelstein et al 2001). Without adequate debriefing, education and support these grief issues can remain unresolved, affecting how carers work and communicate with children, young people, families and workers (Edelstein et al 2001; North Carolina Division of Social Services and the Family and Children's Resource Program 1997).

There is a strong suggestion within the child protection literature that loss and grief is often poorly responded to, particularly that of children (Daniel et al 2002; Jarratt 1994). Sometimes it goes unrecognised, sometimes it is minimised or misinterpreted:

*One of the most common errors made by social workers, foster parents and parents is to misinterpret a child's compliant and unemotional behaviour during the shock/denial stage [of grief] and judge a placement to be a 'success'. When a child is thought to have handled the move without distress, later behavioural signs are often not recognised as part of the grieving process. They may be*

*ignored or attributed to emotional or behavioural problems. At times*

*the child may even be punished for them, intensifying the child's distress and depriving him of support and help*  
(North Carolina Division of Social Services and the Family and Children's Resource Program 1997:3).

An understanding of the manifestations of grief and the profound nature of children's loss associated with placement is central to effective work in the care system (Cairns 2002; Daniel et al 2002; Hess 1982). Good outcomes for children cannot be achieved without it. This reinforces the importance legislation and policy already direct toward listening to children and families, and information sharing within the system. Yet it also challenges us to look at doing more:

- how can caring work be structured or approached so that the voices of children can be heard more clearly?
- how can workers support carers to assist a child with their grief, while helping the carer in keeping the child's loss separate from their own experience?
- what links need to be established between workers, carers and those who already know a child well (particularly when workers and carers don't yet have a strong relationship with the child)?
- how could these links assist in both identifying and responding to a child's loss and grief in placement?

Without these communication channels being activated, workers and carers have little chance of knowing how a child feels or of recognising behavioural changes, let alone what these might signify and how best to respond. Establishing these links may also prevent a child's relationship with their family being disrupted by parental grief and despair.

*Research describes some key characteristics of the out-of-home care experience, which are considered here as fundamental to a contemporary framework for care. To be effective in caring work, it must be recognised that:*

- *out-of-home care is temporary for most children, with relatively few remaining in care long-term*
- *every child in out-of-home care undergoes some major transitions*
- *every child in out-of-home care suffers some type of loss and grief.*

*These understandings about the nature of the out-of-home care experience, and the questions they generate for practice, prepare the way for developmental work on frameworks focussed on child need.*

## **2.2 Conceptual foundations for a contemporary framework**

The goals of family based care in Australia can no longer be solely focussed on providing safe placements that meet the daily care needs of children and young people. Protecting a child from harm requires an understanding of both physical *and* emotional safety needs. Under old-style 'child rescue' approaches children were removed from harmful situations – only to be further emotionally damaged by insensitivity toward their needs for belonging and identity. For children to be truly safe into the long-term, workers and carers must understand and respond to these emotional needs, not just to immediate needs around physical safety.

When the questions raised by characteristics fundamental to care are considered alongside knowledge about attachment, loss and resilience, three core concepts, central to the needs of children in placement, emerge as crucial:

- connectedness
- continuity
- communication.

It is suggested here that, together, these three concepts (the 'triple C' approach), offer the conceptual foundations for building a contemporary framework for care.

### *Connectedness*

Developing and maintaining supportive and safe relationships with family members and other people *the child sees as significant* assumes central importance in practice if out-of-home care is largely temporary. The concept of connectedness can be understood broadly, to embrace links with people, culture and community, important places and belongings.

A key tenet of attachment theory is that children need a 'secure base' and 'a sense of belonging' (Daniel et al 2002; McIntosh 2003; Osmond and Darlington 2001). This intersects with ideas from resilience theory about creating an 'arena of comfort' for children and young people that will help them to 'bounce back' from adverse events and buffer them against difficult circumstances (Gilligan 2001). Supportive relationships with people who matter to the child (such as family members, former carers, friends, cultural elders and teachers), and *to whom the child feels they matter*, will help the child through the transitions and loss inherent to out-of-home care (Cairns 2002; Daniel et al 2002; Sinclair 2005). These relationships may even reduce the loss experienced or at least help the child to cope with its effects.

Recent Australian research into the needs of children in out-of-home care reveals the importance children place on connections with family, particularly with their mothers and siblings (Mason and Gibson 2004). This study helps confirm that family connections assist in meeting a child's needs for belonging, security and identity. Consistent with this, other research associates carefully planned contact arrangements, not only with returning children home, but also with settling children into placement (Barber and Gilbertson 2001; Sinclair 2005). It seems that placement outcomes including stability can be better when a child's parents and family are involved in the transition to care (Barber and Gilbertson 2001; Wise 1999). Even where children are to remain in care long-term, contact with people important to them can support their identity and well being (Cashmore 2000), as well as assisting with the transitions they must negotiate and the grief inherent to this. Continuing relationships with siblings is positively associated with the well-being of children in care throughout their childhood and into adulthood (Ainsworth and Maluccio 2002; Kosonen 1996; Staff and Fein 1992).

However it is not just family relationships that are important to establishing a secure base or an arena of comfort for children. Attachment research and resilience theory tells us that children need a broad range of attachments and connections, particularly as they grow older, to support their functioning in the world (Gilligan 2001; Osmond and Darlington 2001). Australian children and young people in care have recently emphasised the importance of friends to feelings of belonging (Mason and Gibson 2004). This suggests the system needs to actively structure the placement experience so that it assists children to establish emotional connections within a

network of relationships including, but not limited to, the carer's family and the child's family (for example with teachers, sports coaches, friends and their families):

*A system which provides them [children and young people] with a variety of adults to whom to turn is less likely to fail them than a system in which they are dependent on one*  
(Sinclair and Gibbs 1998:245).

A connection to others with whom the child has something in common has recently been identified as “*the dominant overarching need* [for children and young people in care] – *the basis for fulfilling other needs*” (Mason and Gibson 2004:8). While connectedness is a critical need for all children in care, it is important to recognise just how fundamentally significant this is for Indigenous children. When placed away from home, maintenance of family and community connections is crucial to a sense of belonging for Indigenous children, supporting their links with culture and land. Yet still the system struggles with this in practice - at 30 June 2005, 35% of Indigenous children in out-of-home care in Queensland (449 children) were not placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (AIHW 2006:53, Table 4.9).

Legislative and policy frameworks in Queensland clearly recognise the need of children in care for connectedness, including it in overarching principles and standards for out-of-home care. Some practice initiatives also promote this (such as family group conferencing and the recent funding of family reunification programs). What is missing is an across-the-board systems agreement about *what* should be done in practice to promote connectedness for children in care, which specifically considers by whom, when, and *how* should it be done.

### *Continuity*

Continuity involves the notion of constancy (Hess 1982) and has been defined as the ‘absence of serious disruption’ to a child’s relationships, identity and circumstances (Gilligan 2001:13). Continuity applies to relationships, experiences, leisure pursuits and resources such as schooling, employment and health care. The fact that transition is an inherent part of out-of-home care, in itself emphasises the need for continuity to assist in making transitions more seamless. Children need as much of the ‘known and familiar’ to continue as possible when negotiating major transitions – they don’t need to feel as if their whole world keeps on changing with every placement move. Lack of continuity has been shown to be a major issue in poor outcomes for children in care (Jackson and Thomas 1999 cited in Wise 2000).

A child’s capacity to cope with placement transition and the loss this brings is supported by *enduring* connections with trusted people, familiar places and activities, even pets and favourite belongings – connections, possessions, experiences that continue in their lives over time (Jarratt 1994).

*...if one transplants a tree or plant, it is usually seen as a very delicate process...A key factor may be keeping the roots in familiar soil, so that the tree may change place but not soil. For the young person, remaining in familiar ‘emotional soil’ in terms of continuing ties to family, network and culture may be very important to sustain growth and development in the new placement*  
(Gilligan 2001:13-14).

Continuing relationships established before and during care are obviously critical if relatively few children remain in care long-term. Even for those who do, it seems that enduring family relationships are important:

*...many professional relationships are transient however much the 'system' may wish it to be otherwise...Ironically it may be members of the very family with its problems...which may constitute the only set of constant figures for the young person as he or she grows up*  
(Gilligan 2001:24)

As noted earlier, research tells us that many children leaving care at 18 after long-term placements seek to reconnect with family in some way, sometimes alone and unsupported, to meet practical and emotional support needs. For some young people research has found that extended family was:

*...their primary source of support...for others contact with extended family did not offer clear practical support but it fulfilled an important symbolic role for young people...to meet their need for a sense of belonging and identification with their families...*  
(Biehal 1999:131).

If *continuity* is valued, alongside connectedness, then young people won't have to face the massive emotional and material investment required to reconnect relationships when transitioning from care. Research and reports from the field suggest that continuity supports connectedness, making it less likely that children in the system will lose their connections with people and place.

Australian children and young people in one study have recently voiced their need for *continuity* in their lives, while *not* prioritising placement stability as a need (Mason and Gibson 2004). Resilience theorists suggest that both stability and continuity are essential for a child's well-being, development and sense of a secure base (Gilligan 2001), echoing the claims of earlier work in attachment (Hess 1982). As noted earlier in this paper, stability has long been a key concern of out-of-home care systems, however the failure to address continuity has been identified by one Australian researcher and practitioner as a longstanding and critical failure of child welfare systems (Kiraly 2002). The importance of continuity "*...is greatly underestimated by social workers especially in relation to health and education, but also for example, in maintaining links with previous carers and other people who matter to the child*" (Jackson 2002:43). Continuity also involves ongoing support for children once they leave care (whether this is to return home or commence independent living), an area we continue to struggle with in practice (Cashmore and Paxman 1996 and 2003; Sinclair 2005).

In summary, research suggests that the *enduring and continuing* presence in a child's life of as much as is known and familiar as is possible, positively contributes to identity formation and child well being. This is of value even if - or perhaps *especially* if - a child cannot return to the care of their family. Maintenance of carefully cultivated links with people, places, activities, and belongings that are of *significance to the child*, can provide a child with practical and emotional support throughout their life – not just with the exigencies inherent to the care experience.

*A sense of continuity is often taken for granted but for those without it, the past and its meaning become constant preoccupations*  
(Bullock et al 1998:74).

### *Communication*

Effective communication is a key tool for meeting the needs of children in care. It facilitates an accurate understanding of child need and is crucial in constructing responses to meet that need. Conversely, poor communication muddies the water so that child need can be misunderstood, leading to interventions that may be ineffectual, inappropriate, or even harmful. Child death reviews repeatedly find that breakdowns in communication are a common issue in practice (Munro 1999).

Over the last decade research has continually reinforced how critical effective communication is to the practice of caring work. Key messages include the need for:

- listening to the voices of children and young people in care, sharing information with them, and involving them in decision-making (Cashmore and O'Brien 2001; Mason and Gibson 2004)
- participative approaches to practice that promote family involvement in decision-making and planning for children (Ryburn 2000; Wise 1999)
- collaborative relationships between workers and carers that support information-sharing and planning (Sinclair 2005; Wise 1999)
- co-ordinated planning responses to the needs of children and families (Clark 1999; Wise 1999).

A systematic approach to implementing each of these key messages is essential to providing connectedness and continuity for children:

- without the system actively seeking and then listening to the voices of children and young people, workers and carers will have little idea of how they feel, who they want relationships with, how they want to manage these relationships, and what will help them in negotiating transition and coping with loss. We now know that having some ability to influence what happens in their lives helps children and young people to meet other needs (Mason and Gibson 2004)
- without an understanding of why participative practice is important and how to do it, workers and carers cannot be truly effective in their responses to need – they may not even be able to determine what that need is. Children and their families hold information, history and experience, which is critical to supporting children through transitions
- a collaborative relationship between carers and workers is the glue that holds caring work together. No one person or agency in the system can be solely responsible for meeting the needs of a child and their family. Collaborative work makes resources go further and helps deal with some of the practical but very real obstacles that make it difficult to meet a child's needs for connectedness and continuity – such as issues around transport, time, capacity and cost
- co-ordinating and planning the different work done with children and families by workers and carers helps ensure that precious resources are not wasted in duplicative or unnecessary interventions. Effectively done, it should help provide a seamless and comprehensive response to child need. Energies spent in co-ordinating work allows key transitions to be anticipated and planned for and triggers the right work at the right time so that children do not lose contact with people and places important to them. This requires high levels of inter-agency communication.

*The 'triple C' approach – connectedness, continuity and communication – offers an approach to care that translates 'child-focused' rhetoric into practice. Using these concepts as the hub for building a shared framework supports a coherent approach to caring work that is directly focused on child need.*

### 3. FUTURE FRAMEWORKS - CONSOLIDATION, CHALLENGE AND OPPORTUNITY

The concepts integral to the 'triple C' approach are by no means unfamiliar to policy and practice in Queensland. With the introduction of the *Child Protection Act 1999* and recent reform in response to the CMC Inquiry, much has already been done to positively influence frameworks for care in the directions suggested by these concepts. In the field there are several examples of innovative work which implements these concepts, originating from creative responses to child need. However, the potential of this work is limited by the lack of a unified and coherent approach based on consistent understandings. The work of the out-of-home care system needs to be structured around a progressive framework, shared by all.

#### 3.1 Challenges and opportunity

An opportunity now exists for the system to build on recent achievements, by working to articulate common and contemporary understandings of caring work. This will involve consideration of the role and purpose of placement, what caring work entails, and how it is best approached in the context of local need. The idea of centring this framework on *connectedness*, *continuity* and *communication* affirms much work already done. It also offers organising concepts for future reform and creates some key challenges to current approaches. These include:

a) Recognising the criticality of work at removal

If most children in placement are likely to return home, if those in long-term care seek family connections when transitioning to adulthood, and enduring family relationships are positively associated with child well-being in care, then a true focus on child need demands that the system as a whole must be actively oriented to maintaining and optimising family and community connections *from the time of removal*. Failure to do this could almost be argued to be systems abuse.

Children and young people, their families and communities need emotional and practical supports to safely maintain and further develop their relationships and connections – for the child's benefit. Workers and carers are critical to this work being done well and research tells us that it needs to start from the very moment removal is decided upon (Bullock et al 1998; Fernandez 1996; Gilligan 2001). If this opportunity is missed, as is often the case, it makes subsequent work all the more difficult and may immediately skew the chances of good outcomes for children.

b) Debating the focus and purpose of placement

Adopting the 'triple C' approach as the core of a contemporary framework would position placement as an opportunity for building a 'nest' of relationships for children to achieve lasting emotional security, in addition to providing a safe environment to meet daily care needs. The placement experience would aim to facilitate an enduring network of relationships, including those with the carer and their family, the child's family, the child's friends and their families, workers, cultural elders, teachers, neighbours and therapists. In other words, the placement would support cultural and community connections to meet needs around safety, belonging, identity and lifelong support – the secure base so integral to attachment and resilience theories.

The care experience has always revolved around the idea of providing a secure base for children and young people – what is being questioned here is *how* that secure base is created. The system could actively structure how placement is used, so that placement is not seen as constituting a child's secure base in and of itself, but becomes a tool or catalyst in helping to create that secure base (understanding placement as a means to an end).

Any lingering idea that carers alone, through their own relationship with a child, can be solely responsible for providing a secure base is no longer feasible. Such an idea is more consistent with a 'child-rescue' approach, which suggests that relationships with carers can be a 'substitute' for existing relationships. While this is not part of current policy rhetoric, evidence of this approach is still apparent in practice. Progressive thinking supports extension of the carer role in placement to a focus on three key activities:

- developing their own emotional connection with the child in placement
- maintaining and further developing the functionality and strength of a child's relationships with family members and other significant people. We now know that children greatly value carers (and workers) who facilitate and strengthen their other important connections (Mason and Gibson 2004)
- assisting the making of new links for the child, both formal and informal connections that will see the child through into adulthood.

Children and young people in care have a better chance of staying afloat during and after care when they can travel on a raft of several logs bound tightly together, rather than having to cling desperately to one or two sticks. Children will be safer when they have a range of attachments and relationships, which hopefully, are also 'bound' together in some way:

*If they liked her and she liked them, then – even if only for an hour - Anna's two worlds would be joined into one.... If, when she was back at home she could talk about the Lindsays and Auntie [her carer] knew the people she was talking about, it would make all the difference.<sup>2</sup>*

Children will be safer when system structures, process and practice are oriented to consolidating and extending their existing networks, rather than simply working to establish new connections in place of the old.

c) The artificiality of separating work with children from work with families

A focus on connectedness, continuity and communication immediately suggests that the idea of separating work with a child in placement from work with their family is not only artificial but also counter-productive. Exploration of these three concepts establishes that the needs of a child in placement are often best met where their family is actively supported to maintain ongoing involvement in their care, whether or not the child is to return home. Some current initiatives, such as involving carers in planning with families, are starting to challenge this notion of separation, reinforcing the shift that has already commenced toward understanding placement as a service for children *and* their families. However while service structure and related funding continues to disconnect placement support from work with families, this artificial separation will continue, affecting the overall quality of the system.

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<sup>2</sup> Quote taken from children's book *When Marnie was There* written by Joan G. Robinson, published by Collins in 1967.

Continuing to frame the work of placement as somehow separate or distinct from work with the child's family also gives the subtle impression that once in placement, the child is 'owned' by the care system. The implication then is that families work to 'own' their child again. "*Accommodation appears to be an all or nothing provision, rather than a negotiated flexible service designed to meet the changing needs of the children and their families*" (Cleaver 2000 cited in Sinclair 2005:39-40). Ultimately these notions can only limit the future capacity of the care system.

Alternatively, orienting frameworks for care to focus on a child's need for belonging, leads the way to ideas already on the boil in other jurisdictions and starting to be explored here, such as:

- 'true' sharing of care between families and carers dependent upon the changing needs of children and their families
- the notion of 'fostering a family'
- systems support for carers to maintain a role with children and their families once a child leaves their care, *when placement has been significant to the child*. This connects with ideas around placement being conceptualised as helping to construct an 'extended family' for children and their families (Sinclair 2005; Wise 1999).

Addressing this issue calls into question the need for structural change across the system with attention to policy and funding, along with changes to the way we interpret the delivery of statutory services.

### **3.2 Questions about role and relationship in caring work**

Each of the challenges explored above gives rise to some questions about the roles and relationships of those involved in caring work. The most critical of these include:

- the role of carers with a child's family – maintaining a focus on *connectedness*, *continuity* and *communication* suggests value in carers having a closer and more active involvement with families than is often currently the case – perhaps to the point where they are actually seen to be working with the family. Where carers do this now, they are stimulated more by need and individual capacity than by expectation. Some carers routinely establish some level of relationships with families to facilitate contact for the child. Others routinely do not. Expectations of carers in this area have not been clearly defined and are not consistent across the system. Even the involvement of carers in family group meetings does not necessarily mean that relationships outside this context are cultivated. Seeking to promote connectedness, continuity and communication means that we must openly consider what type and level of involvement carers are expected to have with families and how this fits with system structure, resourcing, and the largely volunteer status of carers.
- transformation of the carer role following placement – if issues of belonging, connectedness and continuity are to be emphasised, then the opportunity emerges for carers themselves to remain an important part of a child's network even after placement. If carers are to establish more involved relationships with families during placement, then could this supportive relationship continue after a child moves on from placement? Resilience theorists argue that whenever a placement has been of some value (from the child's perspective), then efforts should be made to retain the relationship as a support for the child, even when

the placement ends (Daniel et al 2002; Gilligan 2001). Relationships can continue even when placements can't. Ideas around the continuing involvement of carers in the lives of children and families after placement have recently been conceptualised as the notion of 'through care' and can involve the carer providing short periods of care in support of the child and their family following a return home (Sinclair 2005). Again this sometimes occurs locally, on an individual basis, usually as a result of good will, individual commitment or careful casework and planning, but it remains an issue as to how this is integrated within systemic frameworks and how it is structured and resourced.

- the idea of a team approach to caring work – in providing a placement for a child, a carer does not assume sole responsibility for the care of that child. The 'triple C' approach implies that caring work is the responsibility of a team of a people, including the carers, workers, families and children and young people themselves, where possible and appropriate. An emphasis on communication and connectedness suggests that carers need to be resourced and skilled to fulfil a collegial role, and to meaningfully participate in case planning. Workers need to be respectful of the knowledge carers develop around the child and their family and integrate this with case planning. Consideration of these issues connects with ideas around the professionalisation of foster care (Delfabbro and Barber 2002). If carers are to work as fully-fledged members of the caring team, are to meet system standards and are to be highly accountable for the work they do, then issues of their largely volunteer status, training, supervision and remuneration become of key importance – and some carers have recognised this themselves (Butcher 2005). Partnership between workers and carers has been on the agenda for a long time but without attention to these issues it is difficult to progress this in any real way.

## 4. CONCLUSION

Out-of-home care in Queensland has entered the new millennium in a whirl of reform activity. Beginning with the introduction of new legislation and sustained by Government commitment to wide-ranging reform, much progress has already been made toward equipping the system to meet new and complex needs. The challenge now is to maintain this impetus for change as we move beyond the CMC Inquiry, toward a better understanding of contemporary caring work – how it can be done and its place in the broader child protection system. We must continue on, beyond a focus on process and accountability, to review and reconstruct our frameworks for caring work in pursuit of a truly child-focused approach across the system.

Question time has commenced.

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