

COUNTRY CHILDREN IN CARE

*What are the experiences of children in care
in the country and what would help them to
flourish?*



Hearing Country Voices Research Partnership Report no. 11

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Acknowledgement of Country

Flinders University was established on the lands of the Kurna nation, with the first University campus, Bedford Park, located on the ancestral body of Ngannu near Warriparinga. Warriparinga is a significant site in the complex and multi-layered Dreaming of the Kurna ancestor, Tjilbruke. For the Kurna nation, Tjilbruke was a keeper of the fire and a peace maker/law maker. Tjilbruke is part of the living culture and traditions of the Kurna people. His spirit lives in the Land and Waters, in the Kurna people and in the glossy ibis (known as Tjilbruke for the Kurna). Through Tjilbruke, the Kurna people continue their creative relationship with their Country, its spirituality and its stories.

Flinders University acknowledges the Traditional Owners and Custodians, both past and present, of the various locations the University operates on, and recognises their continued relationship and responsibility to these Lands and waters.

(Flinders University Reconciliation Action Plan May 2020-May 2022)

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Centre for Social Impact

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Picture on front cover

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'I was really lucky to have a foster family and I think if I moved you have to make new friends, new family, you have to adjust to new things and I think that's where it all goes wrong. There's so many changes and the young people are going through so much already' (Brianna)

'I think when it's foster care it's harder when you split up siblings because they just grow up with no relationship' (Taylor)

'If they can't look after the kids then they should separate them. If they're going to keep them together then they need more funding and support' (Jack)

'for me the adults were the cause of my hurt as well, so being able to develop a trusting relationship with adults was what I reflect on now is massively key to me being able to be the person I am today' (Jesse)

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Executive Summary

This investigation of the experiences of children in care in the country is part of a larger suite of research. It is the eleventh output of a partnership between Uniting Country SA (UCSA) and the research team at the Centre for Social Impact, Flinders University. That body of work exists under the umbrella title of Hearing Country Voices, and it is an ongoing commitment to evidence informed practice which aligns with UCSA's vision of just communities where all people flourish.

'Evidence', in the context of Hearing Country Voices, is allied to the principle of justice in UCSA's vision statement: the central value in this research is equity, and equity is about balancing the scales. It is about listening to and amplifying the voice of people and communities who are experts in their own lives, but who are often done to and seldom listened to. The contribution of our research is to ensure that people whose lives are affected by service and policy decisions, and workers who walk alongside them, have their voices and expertise articulated and elevated in the field of evidence claims behind those decisions.

Australia's record for child protection is appalling. Multiple high level inquiries have not, despite various system restructures, brought about substantial nor meaningful positive change to children's lives (DCP 2020, AIHW 2020, Nyland 2016, Bessant and Broadley 2016, Attorney-General's Department 2016). Australian population studies repeatedly tell us that children living in out-of-home care fare worse (e.g. wellbeing and educational outcomes) than the general population of children (e.g. see AIHW 2015, 2020; Maclean et al., 2017, Carbone 2009).

The most recent Australian Institute of Health and Wellbeing report on child protection in Australia found that children living in regional and remote contexts had the highest rates of child protection notification substantiations. Further, children living in the lowest socioeconomic areas were more likely to be subjects of substantiations (AIHW 2020).

This project sought to contribute to policy and practice by advancing understanding of the experiences of children living in care in the country and to provide insights that may assist country community services support young people in out-of-home care flourish. We conducted interviews with young country people who experienced living in out-of-home care as children and with foster carers based in the country. We analysed our data against the literature to develop an ecological model of child protection from which we report our findings.

Key findings

Participants who had lived in care provided valuable insights into how children expect adults to be supportive and provide safe environments and expressed extreme disappointment when adults did not achieve this. The management of child protection systems has understandably become progressively risk-averse. Yet, our findings suggest that there can be unintentional consequences of rigid constructions of risk which can place children and young people at greater rather than less risk. Our findings, in line with the literature, suggest that if decisions about children were child-centred and that carers' knowledge of the children in their care were valued, children's experiences in care and their outcomes would be enhanced (DCP 2019).

Notwithstanding the South Australian Government's acknowledgement of the failures of the child protection system and commitment to reforms, our study contributes evidence from young people emerging from the child protection system that many of key *National Standards* are not being met. We urge those working in child protection to consider these findings against their *Six Pillars of Practice*. The three pillars that our findings suggest were notably in need of attention were those

relating to being *Child-Centred, Supporting Carers* and fostering a *Learning Culture*. Starting with the latter, it will require a great deal of *bravery* to flip current practice in order to bring about the changes required to improve children's experiences of being in care.

Our findings contribute evidence that highlights the importance of durable connections with supportive adults to children's positive development in a family or family-like context. However, in agreement with the SNAICC's *Placement Principle* (SNAICC 2018), one connection alone, without broader meaningful networks, is unlikely to be sufficient for a child's positive development. These findings accord with evidence that highlights the importance of connections with siblings and the desire to be able look out for one another. Participants also valued connections with other family members such as aunts and uncles.

Of particular importance in country areas, the findings suggest that maintaining continuity of a child's support or social worker should be prioritised over location. For example, when a child has developed a strong relationship with a worker but is relocated to another foster carer (particularly in another town) they should be supported to maintain their relationship with that worker.

The project findings suggest that an ecological approach to child protection in country areas may likely enhance children's outcomes over the long term (Friebert, Homel, and Branch 2010, Homel et al. 2015). While support for an ecological approach is strong, it is commonly viewed as being economically out of reach, despite evidence that it would be cost-effective in the longer term. Costs have been estimated to be recovered because i) there would be fewer children placed in care, ii) of children in contact with the child protection system, more would complete school and iii) fewer children in the child protection would also be in contact with the justice system. Similar cost-benefit estimates have been calculated regarding extending care from 18 to 21 years (Deloitte 2018). The findings and recommendations from this study are therefore framed according to an ecological model (see figure 1).

Recommendations

Microsystem recommendations

The child's microsystem comprises the settings in which they spend most of their time and in which they have frequent face-to-face interactions. The findings highlight the importance of developing and maintaining consistent, therapeutic relationships with trusted adults (i.e. the quality of relationships with whom children spend the most time). Organisations need to recognise the importance of and actively promote connections with family (in the broadest sense).

- Review organisational policies and procedures to ensure proactive support to enhance connections with siblings (e.g. formalise the promotion of connections between foster carers and siblings such as camps and get-togethers in school holidays).
- Seek formal DCP support and the necessary funding to facilitate family connections, especially sibling relationship-building in line with *National Standards for out-of-home care, Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members* and the SCAICC *Practice Principles*.
- Develop a foster carer recruitment and placement protocol to facilitate avenues to maintain geographical proximity between siblings.

Mesosystem recommendations

The child's mesosystem represents their social networks. Organisations should facilitate clear communication between workers, carers and children and forge other linkages between people and agencies within the child's microsystem.

- Review internal policies and procedures to work with internal and external agencies to support children and parents transitioning to reunification (e.g. advocate that the family is formally referred to a reunification program).
- Facilitate child's connection with past foster carers where sought/allowed in line with the *National Standards for out-of-home care, Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to.*
- Build linkages across the child's microsystem (e.g. with school teachers, sports coaches, other agency workers).
- Advocate for children being involved in decisions about them, drawing on the *Convention on the Rights of the Child* and the *National Standards for out-of-home care, specifically Standard 2: Children and young people participate in decisions that have an impact on their lives* and the *SCAICC Practice Principles*.

Exosystem recommendations

The exosystem is where relationships occur between multiple settings which directly affect but do not necessarily involve the child and over which the child has little control. For children in care, the exosystem may include child protection, education or justice policies. Organisations should support linkages surrounding the child's support network (i.e. people involved in care for the child) to build capacity, relationships and trust.

- Review internal policies and procedures to collaborate with internal and external parent support programs to ensure children are kept safe during access visits.
- Provide training and support for foster carers to support children prior to and returning from access visits with parents in line with *National Standards for out-of-home care, Standard 12, Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.*
- Review internal policies and procedures to formalise the enhancement of communication and relationship-building between foster carers, support workers and DCP support (seek funding as required) in line with the *CF&KCSA, CAFFSA & DCP 2020 Statement of Commitment*.
- Enable support workers and foster carers to work with DCP social workers to ensure that foster carers are adequately supported to care for children in their care (e.g. capacity building, training, financial support). This is in line with *National Standards for out-of-home care, Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care* and the *Statement of Commitment*.

Macrosystem recommendations

The macrosystem is influenced by dominant historical, cultural and political beliefs and practices. Examples include normalised (or taken for granted) belief systems that are embedded in policy and practice, such as decisions about resource allocation, institutional racism and the ways in which policy may be gender blind. Organisations should advocate to influence the socio-political environment in ways that enable all young people to flourish.

- Advocate for equitable, systemic, adequately resourced and enduring support for young people in care to break the cycle of intergenerational engagement with the child protection system and subsequent disadvantage.
- Advocate for the development of long-term equitable social and economic development in country areas in consultation with communities and stakeholders.
- Advocate that all government contracts include provisions for the distinctive conditions of working and caring in country contexts (e.g. travel, meetings with family members).

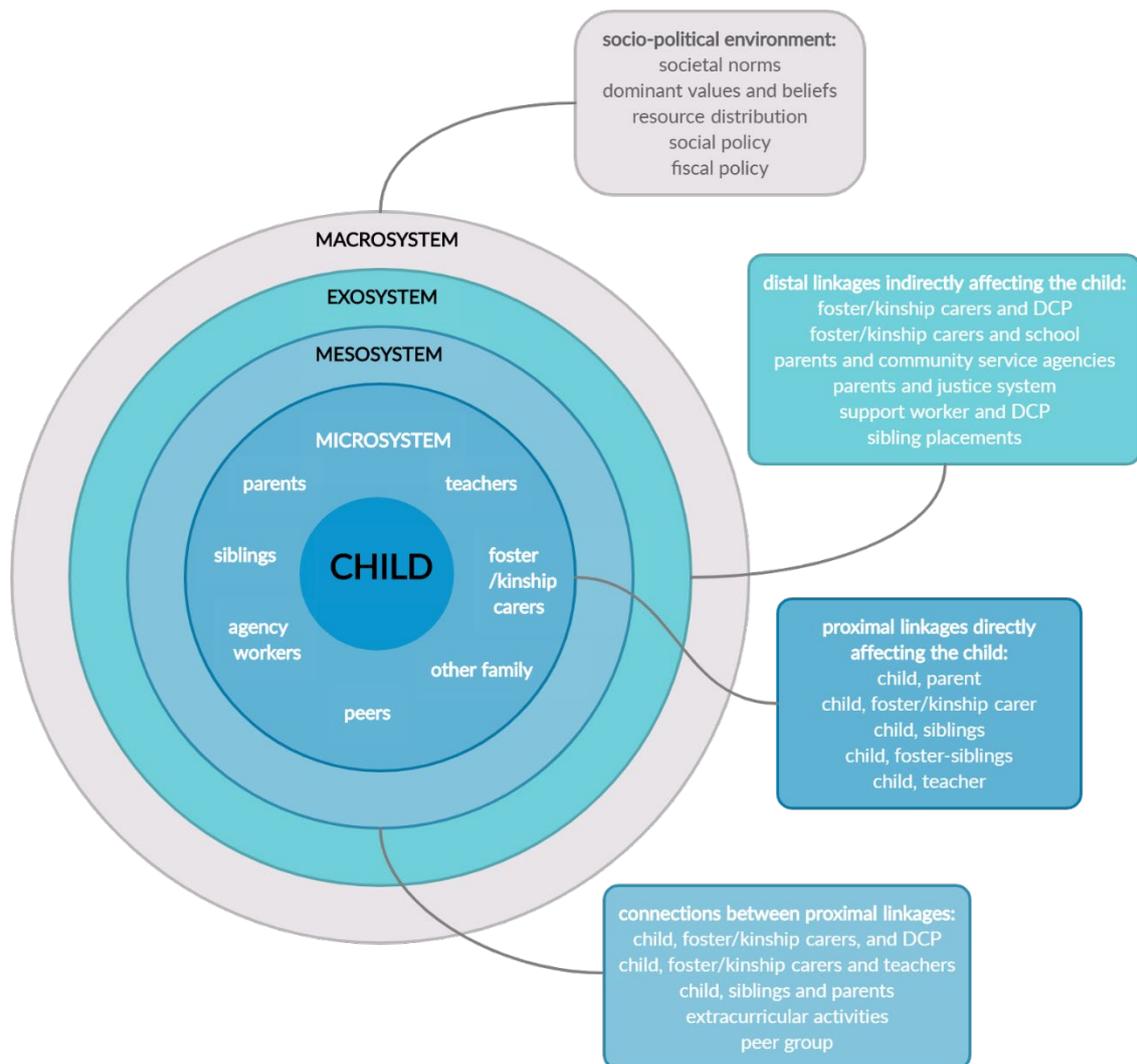


Figure 1: An ecological model of children in care

Introduction

Australia's record for child protection is appalling. Multiple inquiries have not, despite various system restructures, brought about substantial nor meaningful positive change (DCP 2020, AIHW 2020, Nyland 2016, Bessant and Broadley 2016, Attorney-General's Department 2016). Australian population studies repeatedly tell us that children living in out-of-home care fare worse (e.g. wellbeing and educational outcomes) than the general population of children (e.g. see AIHW 2015, 2020; Maclean et al., 2017, Carbone 2009).

We know that children's poorer outcomes are associated with a range of preventable factors, including trauma and social and economic inequities (Musolino et al. 2020, Smith 2017, Amos and Segal 2019). Disturbingly, inequities in South Australia have worsened across multiple domains over the last 20 years (Flavel et al. 2019). While there has been increased national focus on providing services early in a child's life 'to improve long-term outcomes, and reduce the negative impacts of trauma and harm' (AIHW 2017, p14), governments and service providers are making decisions about how to allocate scarce resources. Few of these address the macrosystem level causes of disadvantage.

Poverty is strongly associated with child removals and there is some indication that if poverty were addressed, this could substantially reduce the number of child removals and improve children's outcomes (Thomson 2003). In South Australia, we have an opportunity to turn children's lives around for the better. In 2019, the South Australian Government committed to undertaking child protection reform, with the launch of the *Safe and Well Strategy* (DCP 2019b). Outlined in the strategy are system level reforms that focus on: supporting families to prevent child abuse and neglect; protecting children from harm, and; investing in children and young people's education and transition out of care.

Unfortunately, systemic causes of poverty and this relationship to child protection is rarely addressed in policy or practice in favour of interventions that target individual behaviour (Ainsworth and Hansen 2018, Thomson 2016, Gupta and Blumhardt 2016). This project sought to investigate the experiences of children living in care in the country and to provide insights that may assist country community services support young people in out-of-home care flourish. We conducted in-depth interviews with young country people who experienced living in out-of-home care as children and with foster carers based in the country.

This report is structured as follows. The literature review below provides a brief overview of definitions and statistics relating to out of home care in Australia including surveys of young people living in care. This includes the current South Australian policy direction following the 2019 child protection system reforms. We then provide an overview of what may work and describe Bronfenbrenner's ecological systems theory as a useful way to think about how we might enable young people in care to flourish. The methods section provides an outline of and rationale for the methods used and the findings and discussion section provide an analysis of the findings against the literature that forms the basis for the recommendations.

Literature Review

What is out-of-home care?

The concept of 'out-of-home care' is an umbrella term for the range of care arrangements for children when they are unable to reside safely with their parent/s (AIFS 2016, Families SA 2011). The term 'out-of-home care' was adopted in 2019 to replace the term 'care' to ensure a nationally consistent definition and accurate data collection (see Box on right) (AIHW 2020). According to the new national definition of 'out-of-home-care' and nationally aligned data collection, there were 3,797 children in care in South Australia on 30 June 2019 (AIHW 2020). For the purposes of this report, we use the term 'in care' to cover all types of care outside a child's original family home, in line with the current language used in South Australia (DCP 2019).

Children may live in a range of care settings by either informal or formal arrangements. Informal care tends to occur when a child lives with a relative (or friend) without a state-authorized payment arrangement (AIFS 2016). Formal care is accessed when there has been a statutory child protection intervention ordered by the relevant child protection authority (AIFS 2016). In this case, children may be removed from their parent/s by child protection authorities and placed in care as 'an action of last resort, when all other options have been fully considered' on a short- or long-term basis (Families SA 2011 p. 11). The reasons why children are placed in care, the rates of reunification with parents, and 'the experiences and long-term outcomes for children' differ between jurisdictions (Irani 2018 p. 11).

The most common types of formal care include kinship care, foster care and residential care. Kinship care is the term used when a child is cared for by a relative and is generally viewed as the preferred option, especially for children from Aboriginal or Torres Strait Islander families (AIHW 2019a). Kinship care is recognised as the option with



Out-of-home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the department responsible for child protection for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer).

Out-of-home care includes

legal (court-ordered) and voluntary placements, as well as placements made for the purpose of providing respite for parents and/or carers.

Out-of-home care excludes:

- placements for children on third-party parental responsibility orders
- placements for children on immigration orders
- supported placements for children aged 18 or over
- pre-adoptive placements and placements for children whose adoptive parents receive ongoing funding due to the support needs of the child
- placements to which a child enters and exits on the same day
- placements solely funded by disability services, psychiatric services, specialist homelessness services, juvenile justice facilities, or overnight child care services
- cases in which a child self-places without approval by the department

Source: AIHW 2020, p 45

the highest likelihood of maintaining cultural and community connection with family, although kinship carers are least supported carer-type (Maclean, Taylor, and O'Donnell 2017, Meiksans, Iannos, and Arney 2015, Irizarry, Miller, and Bowden 2016, McDowall 2018). In recognition of an historic lack of support for foster and kinship carers in South Australia, Connecting Foster and Kinship Carers SA, Child and Family Focus SA and the Department for Child Protection (DCP) recently collaborated to produce a Statement of Commitment to working in partnership with carers (CF&KCSA, CAFFSA, and DCP 2020). The statement outlines a commitment to supporting carers by improving communication, increasing support and transparency, involving carers in decisions and valuing and respecting carers' relationships with children in their care.

There is some evidence that kinship care provides the greatest stability for children in care, however may also have lower rates of reunification than other types of care (Delfabbro et al. 2013). Foster care is the formal term for when a child resides with a registered foster carer and their family. Residential care refers to an arrangement whereby a child or children live in a dwelling where they are cared for by support workers. According to the most recent Child Protection in Australia report, 92% of children were in home-based care, with 52% of those in kinship care and 39% in foster care. A further 9% were in residential care (AIHW 2020).

In South Australia, child protection notifications have increased over time, with a 30% increase between 2013/14 and 2017/18. Across Australia, families notified to child protection tend to be experiencing complex difficulties such as domestic violence, housing stress or homelessness and mental illness (EIRD 2019).

Children from Aboriginal and Torres Strait Islander families are 11 times more likely to be living in care than non-Indigenous children (AIHW 2020). The number of Aboriginal and Torres Strait Islander children in care has doubled since the Australian Parliament's apology to the Stolen Generation. Most of these removals result from substantiations of 'neglect', which can be directly linked to intergenerational trauma and severe social disadvantage (Irani and Roy 2018, McDowall 2016b, Lewis et al. 2017).

Generally, formal care is accessed when there has been a substantiated report of child maltreatment. In this report, we define child maltreatments as:

"Child abuse and neglect" or "child maltreatment" refer to any non-accidental behaviour of parents, caregivers, other adults or older adolescents, outside the norms of conduct, which have a significant risk of physical or emotional harm to a child or young person (Kezelman 2019 p. 43).

In this definition, 'non-accidental' differs from 'intentional' because the former occurs unintentionally, for example where parents or caregivers have trauma histories, whereby trauma may be transmitted through 'disrupted attachment' (Kezelman 2019 p. 43). The multiple effects of



'There remain considerable concerns that the child protection system does not adequately facilitate the preservation of Aboriginal and Torres Strait Islander children's cultural and linguistic identity or connection to community; with problems including varying implementation of cultural care and support plans, and an increased emphasis on pathways to permanency and adoption.'

Irani 2018 p. 20

childhood trauma whereby the abuse or neglect has been repetitive and cumulative tends to be called 'complex trauma' because of the many ways that these types of trauma are expressed (Kezelman 2019; Bloom 2019).

In Australia, there is a strong policy and practice emphasis on supporting families to stay together, and if that is not possible or appropriate, to maintain contact and work towards reunification (KPMG 2010, Urbis 2018, DCPFS 2017). However, there is also a general acknowledgement that reunification failure produces worse outcomes for children than remaining in care (Ellem et al. 2019, Teague 2017a, b, Maclean, Taylor, and O'Donnell 2017, Doab, Fowler, and Dawson 2015, Delfabbro et al. 2013).

Poverty is strongly associated with child removals and there is some indication that if poverty were addressed, this could substantially reduce the number of child removals and improve children's outcomes (Thomson 2003). Unfortunately, systemic causes of poverty and this relationship to child protection is rarely addressed in policy or practice in favour of interventions that target individual behaviour (Ainsworth and Hansen 2018, Thomson 2016, Gupta and Blumhardt 2016).

In this study, we focus less on the reasons why children are living in care and more on children's experiences of care, from their perspectives. This literature review therefore focuses on evidence about current outcomes for children who live in care, what children have already told us, what carers have told us, what has been shown to work well and what differences have been noted between country and metropolitan contexts. In South Australia, child protection reform has been underway in the year this study was undertaken, so the new proposed policy context is also of relevance to this report, outlined below.

South Australian policy context

In 2019, the South Australian Government committed to undertaking child protection reform, with the launch of the *Safe and Well Strategy* (DCP 2019b). Outlined in the strategy are system level reforms that focus on: supporting families to prevent child abuse and neglect; protecting children from harm, and; investing in children and young people's education and transition out of care.

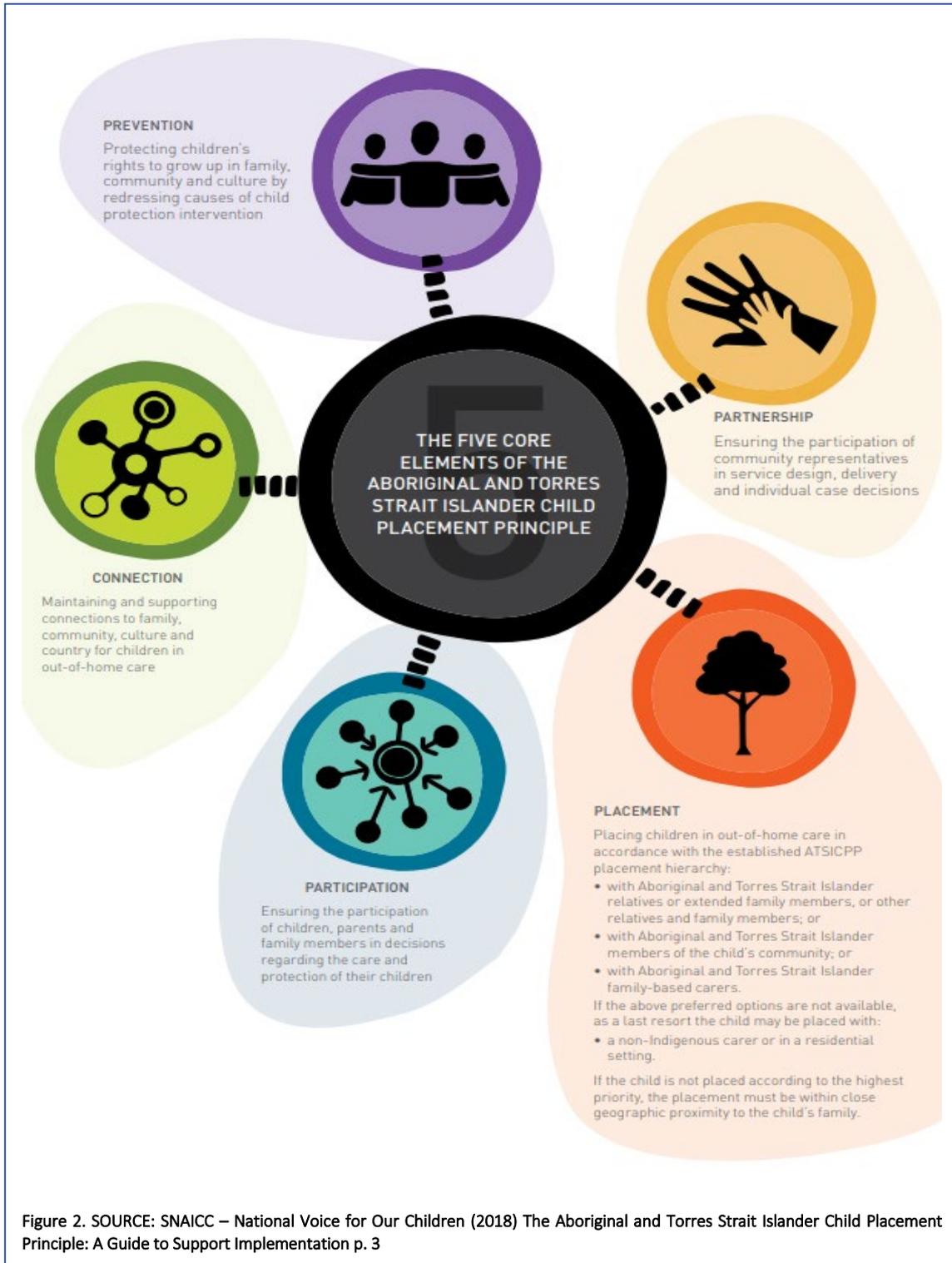
Key to the strategy is ensuring that agencies working with 'vulnerable children and families are trauma-informed' (DCP 2019b p. 5). DCP (2020) has subsequently produced a Practice Approach, supported by Practice Principles named 'the six pillars of our practice' which include: child-centred, cultural safety, strengthening families, supporting carers, partnership and collaboration and a learning culture. As above-mentioned, along with the Practice Principles outlines a commitment to supporting and valuing foster and kinship carers, in recognition of the evidence that supporting and valuing carers increases the likelihood of positive outcomes for children.

The strategy also includes the Aboriginal and Torres Strait Islander Child Placement Principle. The Placement Principle was developed by the Secretariat of National Aboriginal and Islander Child Care (SNAICC 2018 p. 2) to:

- *ensure an understanding that culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children and is embedded in policy and practice;*
- *recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters;*
- *increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters; and*

- reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection and out-of-home care systems.

The Placement Principle includes five elements: prevention, participation, partnership, placement and connection (see figure 2, SNAICC 2018). The Placement Principle was initiated in response to community concerns that policy reforms are geared towards *placement permanency* fail to recognise Aboriginal and Torres Strait Islander children’s *identity permanency* ‘that is grounded in cultural, family and community connections’ (SNAICC 2016 p.9).



How do children fare?

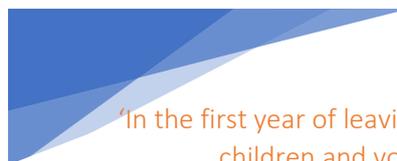
Australian population studies have shown that children living in care fare worse (e.g. educational outcomes, mental health, entry into youth justice system) than the general population of children (McDowall 2018, AIHW 2016, Irani and Roy 2018, Fergeus et al. 2017). Further, children who have experienced trauma and maltreatment have poorer outcomes as adults than matched adult populations (Amos and Segal 2019). There is strong evidence that the reasons for this are complex and largely related to their levels of pre-care disadvantage and histories of trauma (Goemans, van Geel, and Vedder 2018, Ainsworth and Hansen 2018).

Indeed, evidence suggests pre-existing conditions that led to placement may contribute to poorer outcomes to a greater extent than the experience of being in care (Bode and Goldman 2012, Carbone 2009, Maclean, Taylor, and O'Donnell 2016, Maclean, Taylor, and O'Donnell 2018, McDowall 2018).

Placement type has been associated with differences in educational outcomes, however placement type is also associated with the level of trauma that children have experienced (Bath 2008, Maclean, Taylor, and O'Donnell 2016). Children who have been placed in residential care fare worse than children in kinship care and foster care in terms of school attendance, placement breakdowns and arrests. Yet, children are generally placed in residential care when they have been unable to be placed in kinship care or foster care and this is again attributed to such children having experienced severe levels of trauma (Maclean, Taylor, and O'Donnell 2017).

There are indications that the care system has improved in terms of providing safe environments for children since changes implemented over the last decade in response to various enquiries. Evidence suggests however, that there remains substantial room for improvement. Areas that have been identified as requiring attention include the provision of caseworker and carer continuity, consistency and support (McDowall 2018, O'Hara 2019). Kinship care has been identified as requiring a great deal more support, for example the adequate provision of training and resources for carers to respond appropriately to children's mental health needs (Fergeus et al. 2017).

Given the effects of trauma and deprivation on development, more support is needed for children transitioning to independence (McDowall 2018). Yet, recent evidence suggests that less than a quarter of children living in care have been involved in the development of their case plan, meaning that children are not provided such opportunities to develop skills for independence (McDowall 2018, Sierra-Cedillo et al. 2017). The low numbers of Aboriginal and Torres Strait Islander children having cultural plans or case plans in place is especially concerning (McDowall 2018). Indeed, the most recent Australian Institute for Health and Wellbeing child protection report found that conditions for Aboriginal and Torres Strait Islander children are worsening (AIHW 2020).



'In the first year of leaving care, 35% of children and young people are homeless, only 35% complete Year 12, 29% are unemployed, 46% of males are involved in the youth justice system, and 70% are dependent on Centrelink for some form of income support'

Irani and Roy 2018, p. 32

Why are outcomes worse?

There are many theories and inconsistent evidence regarding why children who have histories of child protection system involvement fare worse than their matched peers (e.g. children exposed to matched socio-demographic adversity that have not been involved in the child protection system) (Amos and Segal 2019, Maclean, Taylor, and O'Donnell 2017, Maclean, Taylor, and O'Donnell 2018, O'Donnell et al. 2016, Cashmore 2014). One consistent feature is that the combination of experience of trauma and the subsequent quality of care provided to children has enormous implications for young people's mental and physical health, wellbeing, education and adult life outcomes (Bloom 2019). As articulated by Kezelman:

When interpersonal trauma occurs in childhood, particularly in the early years, it can be especially damaging. When unresolved, it can have long-lasting impacts on mental and physical health, relationships, and daily functioning. Child abuse and other childhood trauma not only affects individuals but also their families, communities, and society more broadly (Kezelman 2019 p. 43).

Over recent years, a substantial body of evidence has been gathered which reveals the complexity of the effects on children's outcomes. Educational outcomes have been shown to be poorer for children that have experienced living in care than those who have not. However, when examined more closely, evidence suggests that educational outcomes improve over time when children are living in stable, supportive, therapeutic care environments. Positive engagement between child and carer and placement stability have been shown to produce long term benefits for children in care (Withington et al. 2017).

Improvements to educational outcomes have also been correlated with higher rates of school attendance among children living in care following a substantiated child protection report than those living with their family following an unsubstantiated report (e.g. see Maclean, Taylor and O'Donnell 2016, 2017). Failed reunifications and subsequent placement instability have been identified as two significant contributors to poor outcomes including educational outcomes (Teague 2017a, Maclean, Taylor, and O'Donnell 2017).

Mental health and wellbeing among children and adolescents living in care is significantly poorer than their matched peers not living in care (Evans et al. 2017, Sawyer et al. 2007, Xu and Bright 2018, Carbone 2009, Carbone et al. 2007). Rates of suicidal ideation, suicide attempts, depression, attention and behavioural problems are much higher among young people in care than children and adolescents in the general population (Sawyer et al. 2007, Kezelman 2019, Carbone 2009).

A growing body of evidence suggests that the quality of foster care is associated with changes in children's longer-term wellbeing and mental health. The development of strong and supportive relationships with foster carers has the potential to contribute to positive mental health outcomes (Curry 2019). Further, foster carer physical and mental health, family and neighbourhood environments and level of economic hardship all influence children's wellbeing and mental health. Kinship carers typically receive less training and support than non-kin foster carers and yet are more likely to live in poorer socio-economic circumstances (Kemmis-Riggs, Dickes, and McAloon 2018, Xu and Bright 2018).

The available evidence suggests that poorer outcomes for children living in care are associated with a broad range of interrelated factors in addition to the maltreatment and/or socio-demographic deprivation that preceded their entry into the child protection system. Some of these outcomes have been shown to improve with therapeutic approaches to care, greater support and training of carers

and greater support for families and their children when reunification occurs (Teague 2017a, Maclean, Taylor, and O'Donnell 2017, Xu and Bright 2018, Qu, Lahaussé, and Carson 2018, Fergeus et al. 2017, Irizarry, Miller, and Bowden 2016).

What do children say?

There are three major quantitative sources of children's (i.e. children and young people living in care) perspectives of their experience of being in care in Australia. These are:

- AIFS Pathways of Care Longitudinal study conducted in NSW in 2015 and 2018,
- 2015 AIHW national pilot survey and 2018 national survey, and
- CREATE Foundation surveys conducted in 2013 and 2018 (McDowall 2018, AIFS 2016, 2015, Paxman et al. 2014).

The AIHW and CREATE Foundation surveys reported against the *National Standards for Out-of-Home Care 2009-2020* (FaHCSIA 2011 see Table 1). The CREATE Foundation surveys have provided a comprehensive picture of how children's lives in care have changed since the introduction of the *National Standards for Out-of-Home Care 2009-2020* were introduced as part of the *National Framework for Protecting Australia's Children* (McDowall 2018). It is heartening to see that most (90%) of children reported that they felt 'safe and secure in their current placement' and that 95% reported 'having an existing connection with at least one family member which they expect to maintain' (McDowall 2018; AIHW 2019, see table 2).

Surveyed children were asked what issues they felt were important and what they would like to see changed in the care system. Top of the list was that children wanted their caseworkers to be more supportive and responsive, as well as to have greater continuity (fewer changes) in caseworkers (McDowall 2018). This has been reported in several studies, including a recent study that explored relationships between children in care and their child welfare professionals in depth (Curry 2019). That study found that, because of their experience of multiple disruptions to relationships, disruptions in caseworker can be emotionally painful and reduce children's trust in the system. A typical protective response to pain for children who have already experienced often complex trauma is to withdraw and be less likely to engage with subsequent caseworkers and potentially lead to placement breakdown (Curry 2019).

The second most reported topic was that children should have more say in decisions about them, which has been recognised as a child's right since the introduction of the United Nations Convention on the Rights of the Child (McDowall 2016a, UNHR 1989). The third issue that children noted was that their carers should have better training, support and supervision. Other issues of importance to children included better facilitation of family contact, communication/information sharing and more support for transitioning to independence (McDowall 2018 p. 24). These issues were reflected consistently across survey results. Only 67.5% of respondents to the 2018 CREATE survey reported that 'they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to' and only 64.3% that 'they are receiving adequate assistance to prepare for adult life' (McDowall 2018 p. 116).

The separation of siblings has been recognised as one aspect of care that affects children's outcomes (McDowall 2018). While children do not expect to be placed with all of their siblings, they have repeatedly told us that they want to be placed together as much as possible and to have contact with each other facilitated (Irani and Roy 2018). A study undertaken with Aboriginal and Torres Strait Islander children in care found that older siblings wish to protect their younger siblings and that younger siblings feel safer knowing they have access to their older siblings (McDowall 2016b).

Further, children living in care reported a desire for more contact with siblings than any other type of family member (McDowall 2018). Yet, the most recent national survey of children in care found that 46% of children in care were either in split placements or alone (McDowall 2018 see table 2). South Australian children reported the greatest proportion of split placements. Of care types, split siblings were highest proportion of children in residential care (McDowall 2018).

Standard 1
Children and young people will be provided with stability and security during their time in care.
Standard 2
Children and young people participate in decisions that have an impact on their lives.
Standard 3
Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.
Standard 4
Each child and young person has an individualised plan that details their health, education and other needs.
Standard 5
Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.
Standard 6
Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.
Standard 7
Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment.
Standard 8
Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.
Standard 9
Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.
Standard 10
Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.
Standard 11
Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.
Standard 12
Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.
Standard 13
Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.

Table 1. National Standards for out-of-home care. Source: adapted from FaCHSIA 2011 p.7

Indicator	Proportion %			
	CREATE's survey 2013	AIHW pilot survey 2015	CREATE's national survey 2018	AIHW national survey 2018
1.3: The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement.	90.5	90.6	92.7	92
9.2: The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.	96.8	93.5	96.0	94
11.1: The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.	93.4	96.5	90.2	97

Table 2. Indicators which Over 90% of Respondents Achieved in Each of the Three Major Surveys of Children and Young People in the Out-of-Home Care System. source: McDowall, J. J. (2018), adapted to include the 2018 AIHW national survey results (AIHW 2019b).

What works?

A recent systematic review of ways in which carers may respond to mental health needs of children found that; 'there are a broad range of benefits for children in care stemming from the provision of additional training for foster and kinship carers' (Fergeus et al. 2017 p. 33). In the UK, foster carers can access an allowance 'commensurate to a wage', whereas in Australia, foster carers 'receive only a small reimbursement that covers some of a child's expenses' (Fergeus et al. 2017 p. 35).

Sibling living arrangement*	Number	%
Together	296	27.4
Splintered	228	16.0
Split	323	30.0
Alone	179	16.6
Total	1079	100.0

Table 3: Number and percentage of respondents experiencing each of the specified living arrangements with their siblings. Source: McDowall (2019 p. 68).

*"Together": lived in care with all their birth siblings; "Splintered": lived with some siblings, but others were living elsewhere in care; "Split": had siblings, but all were living in other care placements; and "Alone": had siblings, but none of their sisters or brothers was in the care system (McDowall 2018 p. 67).

There is substantial evidence that supporting foster carers (and especially kinship carers) can promote their capacity to engage with children in their care and to provide positive environments provides positive outcomes for children (Carbone 2009, Withington et al. 2017).

Children benefit greatly from being able to access at least one long-lasting safe, supportive (therapeutic) relationship with a trusted adult. This adult is ideally a person the child lives with, however there is also some evidence that workers may provide a beneficial avenue of support (Curry 2019). There is also substantial evidence that worker support and subsequent retention, with a view to providing children in care with case worker continuity, can also promote positive outcomes for children (Ferguson 2016).

In recent years there has been increased national focus on providing services early in a child's life 'to improve long-term outcomes and reduce the negative impacts of trauma and harm' (AIHW 2017, p14). Programs that involve therapeutic intervention with the whole family have shown some promise, moving away from therapy which focuses on correcting the child's adaptive behaviour (O'Hara 2019).

Crucially, there is a substantial body of evidence that more support for families at risk of child protection engagement can prevent child maltreatment and child removal. Indeed, prevention is the keystone of both the *National Framework for Protecting Australia's Children 2009-2020* and in the *National Plan to Reduce Violence Against Women and their Children 2010-2022*. Yet, neither of these plans have been fully funded or implemented and there are no consistent accountability, monitoring or evaluation mechanisms in place (Irani and Roy 2018). Blaming parents has long been recognised as unhelpful and that supporting parents by increasing their access to resources and their capacity to care for their children is helpful (Thomson 2016, Hayes 2010, Van den Steene, van West, and Glazemakers 2018, Humphreys and Healey 2017, Mandel 2013).

The Pathways to Prevention project, which was initiated in Queensland in the late 1990s to trial the extent to which developmental approaches, for example parenting support and school involvement, may prevent children from becoming involved in the justice system produced some very promising results (Frieberg, Homel, and Branch 2010, Homel et al. 2015). The authors of that study concluded, however that, 'no matter how much good will exists, genuine collaboration across organisations, sectors and disciplines (such as psychology, social work, teaching) is unlikely to occur in a systematic and sustainable way without a coherent plan for getting there' (Frieberg, Homel, and Branch 2010 p. 33).

The project highlighted that an ecological approach to child protection is perhaps the most likely way to improve children's outcomes over the long term (Frieberg, Homel, and Branch 2010, Homel et al. 2015). Since that time, support for an ecological approach has increased, however it is viewed as being economically out of reach, despite evidence that it would be cost-effective in the longer term. Costs have been estimated to be recovered because i) there would be fewer children placed in care, ii) of children in contact with the child protection system, more would complete school and iii) fewer children in the child protection would also be in contact with the justice system. Similar cost-benefit estimates have been calculated regarding extending care from 18 to 21 years (Deloitte 2018).

Returning to the Placement Principle developed by SNAICC, there are some parallels between an ecological approach to child protection and the rights and self-determination emphasis in the Placement Principle. Given this, below we explore the conceptual ideas behind ecological approaches that are also informed by a rights approach that places the child in the centre and the adults as duty bearers.

Ecological systems theory

Bronfenbrenner's (1981, 2005) ecological systems theory has proven to be a powerful way to understand how children develop in their ecological context and to understand children's perspectives. Bronfenbrenner made a break from traditional individual-based psychology when he observed that children develop differently in different cultural environments and began to consider the possibility that physical, economic, social and political environments affected children's development to an equal or greater extent than their biology (e.g. their individual capacity to learn, or personality traits). Scholars from a range of disciplines have since provided strong evidence that the social gradient (i.e. unfair socio-economic differences between groups of people) and subsequent ecological inequities are key determinants of health and wellbeing through childhood and into adulthood (Viner et al., 2012; Baum, 2008).

According to Bronfenbrenner's (1981) ecological systems model, children develop in the context of their social worlds, encompassing four interconnected layers, with the developing person in the centre. The closest layer to the child is the microsystem, comprising the settings in which the developing person spends most of their time and has frequent face-to-face interactions (called the

proximal processes) such as home and school (Bronfenbrenner, 1981; Renn & Arnold, 2003). The mesosystem represents the developing person's social network: the 'complex of interrelations within the immediate setting' such as home, school, extra-curricular activities and peer group (Bronfenbrenner, 1981 p. 4). The third layer, the exosystem, is where 'linkages and processes' occur between multiple settings, 'at least one of which does not ordinarily contain the developing person' for example the level of foster/kinship carer support (Bronfenbrenner, 2005 p. 148). For children in care, the exosystem may include child protection, education or justice policies that affect them directly with or without their knowledge but over which they have little influence. The outer layer, the macrosystem, is influenced by dominant historical, cultural and political beliefs and practices. Examples include normalised (or taken for granted) belief systems that are embedded in policy and practice and affect the developing child, such as decisions about resource allocation, institutional racism and the ways in which policy may be gender blind.

Bronfenbrenner's later work included the ways in which biology and environment work together (the bioecological model) and the chronosystem to incorporate internal (e.g. puberty) and environmental life transitions (e.g. changing foster carers, transition from care to independence) that occur over time. He described the ways in which ecological transitions would take place when there was a shift in 'role or setting' (1981, p. 6), for example where there may be unfamiliar peers and/or adults. Where transitions involve both micro- and meso-layers, for example through being removed from their parents, changing locations or their social worker changing, it makes sense that a young person's understanding of the world is disrupted.

Bronfenbrenner's model is predominantly structural, yet he also discussed a developing person's capacity to 'remold reality', suggesting that a young person may also have some agency in influencing or changing their environment/s (1981, p. 10). This turn became more evident in his later work which focussed on what he called the Process-Person-Context-Time (PPCT) model (Bronfenbrenner 2001, 2005). How young people redevelop and remould their ecological systems is likely to impact on their achievement of their potential in over time, for example the extent to which they are able to improve their academic achievement and flourish. Ecological systems theory might therefore be a helpful lens through which to consider the literature reviewed above, the current reform context, and to consider the findings reported herein.

The research questions guiding this study are as follows:

- 1. What are the experiences of children in care in the country (regional, rural, remote areas)?*
- 2. What may assist country community services to support young people in care to flourish?*

Method

This research project was co-designed by a project team comprising UCSA staff and The Australian Alliance for Social Enterprise (TAASE) researchers. Research collaborations between community service organisation practitioners and research academics can facilitate research translation into practice (Tarzia, 2017). The literature reviewed above informed interview questions to ensure that interview data could be interpreted against relevant contemporary evidence of children's experiences of the child protection systems, children's short and long term outcomes, child protection policy and theories of brain (i.e. trauma) and social development (i.e. the ecological model).

To answer the project research questions, in-depth semi-structured interviews were conducted with 5 participants who had experienced care and 6 foster carers in regional South Australia, with interviews averaging one hour in length. All except two of the foster carer interviews were conducted face-to-face. Interviews were transcribed by a professional transcriber and coded using the qualitative data analysis software program NVivo 12. Interviews were analysed in two steps, firstly against the a priori research questions and interview questions and then using a grounded theory approach to analyse emergent themes. Thematic analysis involved six steps - familiarisation with the data, coding, searching for, reviewing, defining and naming themes (Clarke & Braun, 2013; Braun & Clarke, 2006).

The research team obtained ethics approval from an NHMRC approved social and behavioural research ethics committee. All data were de-identified and pseudonyms used for interview participants to maintain participant confidentiality.

Findings and discussion

Sample description

Two young women and three men (all over 18 years) who had lived in care as children participated in interviews and six current or past foster carers (see table 4). Initially, the project was designed to only include people who had experienced living in care. One of the participants felt that the study should include foster carers because in their view, foster carers would be able to share valuable insights about some topics that children who had experienced living in care may not wish to talk about because of the trauma they had experienced.

<i>Pseudonym child</i>	<i>Care type/s, siblings</i>	<i>Pseudonym foster carer</i>
Brianna	Foster care (1), residential care (2), 4 siblings (splintered)	Cynthia
Taylor	Foster care (1), 13 siblings (splintered)	Donna
Kyle	Foster care (3), 4 siblings (splintered)	Lisa
Jesse	Residential care, 5 siblings (alone)	Susan
Jack	Foster care (multiple), residential care, siblings (alone)	Gary
		Keith

Table 4. Participant characteristics. Sibling contact described as per table 3

Key Findings

We present the findings below structured according to the relevant parts of the ecological system that effect children's development.

The microsystem: Just like family

The child's microsystem comprises the settings in which the child spends most of their time and in which they have frequent face-to-face interactions. Participants who had lived in care as children provided insightful conceptualisations of family. They tended to have diverse and complex family relationships, which included either or both parents, step-parents, biological and foster siblings, aunts, uncles, cousins and grandparents as well as one or more sets of foster parents and extended foster family members such as grandparents. Participants described their various relationships, including tensions and feelings towards different family members. They also recognised that their own trauma histories and feelings of having been let down by adults significantly affected the quality and complexity of many of their relationships and their own transition to adulthood.

One of the most common ways in which participants spoke about foster care, as children and as carers, was the importance of foster care families being 'just like family', whether or not they experienced this themselves. Participants also spoke about Department of Child Protection (DCP) social workers and foster care support workers encouraging this. However, in practice it was sometimes difficult to achieve, illustrated by Cynthia:

I think the biggest thing I found was that when you go through your initial training, they tell you to treat these children like they're your own, but really the rules and restrictions that they put on you don't allow you to do that (Cynthia).

Both participant groups outlined ways in which the types of activities that children could engage in were governed by a rigid risk framework. Illustrating this, Kyle, who lived with a foster family on a

farm, learned to ride motorbikes and drive vehicles on the property along with the family's children. DCP could not allow foster children to engage in such risky activities. Kyle viewed these types of activities as 'building life skills', as he described below:

Just little things like that she would let us do, because if she was our mum, she would let us do that. It's how you build your life skills, you know? [...] So growing up, through those years, that was cool, we'd go down [to the shack] in the boat, and jet skis, and that was where I wanted to be [...]. It was fun, and they always gave us everything plus some (Kyle).

Similarly, Jesse felt that part of children's development, especially in the transition to adulthood involved taking risks, stating that 'sometimes you've got to give the kid a lawnmower and the opportunity, if it breaks it breaks. But it might not either. They're a bit pessimistic'.

From a foster carer perspective, children could not have sleepovers with friends without the household adults having a police clearance. Foster carers spoke about trying to protect children in their care from being 'different from other kids' by having their foster children's friends over to stay rather than *vice versa* to avoid potential tensions caused by seeking a police clearance from other parents. Foster carers also felt that they should have more say regarding the types of activities that foster children may engage in. Below, we outline the ways in which participants spoke about family, with their foster families being part of their notion of what constitutes family.

Foster families

All participants recognised that foster families were an alternative, rather than a replacement, to living with parents. However, some of the children and foster carers viewed their relationships as 'just like family'. This was particularly evident in the accounts of those children who were able to stay with one foster family.

I was really lucky to have a foster family and I think if I moved you have to make new friends, new family, you have to adjust to new things and I think that's where it all goes wrong. There's so many changes and the young people are going through so much already [...] it would be a challenge and I don't think I would've coped with moving away (Brianna).

Three of the participants had moved several times, including long distances from their siblings and foster carers with whom they had developed good relationships. Kyle described losing connections with all of his siblings for several years when he lived in a town some distance from the rest of his family because it was the only suitable placement that was available, described below:

I went to [town] and they were sort of a little bit isolated, away from everyone [...] And after that, I think, from probably the age of 10, I got moved around a fair bit – from 10 to sort of 14. [but then] it ended up being my [siblings] were all together (Kyle).

Nevertheless, despite moving several times, Kyle felt that being in foster care was the best outcome for himself and his siblings, stating that: 'Myself, [and my siblings], we think that it's given us a good thing in life, you know? Because we never would have got it any other way'. He also described maintaining contact with one of his foster carers, whom he viewed as being like a 'real' parent. Similarly, the foster carers recognised that, for some of their foster children, they will always be one of the few (or only) adults who offered unconditional love and care, illustrated by Susan below:

I still have one who's like 23 now and who still calls me mum and comes to see me and gives me a hug and a kiss when he sees me (Susan).

The one participant who had only experienced residential care expressed wishing that he had the opportunity to live in foster care. He felt that by the time he was removed from his family, he had already experienced trauma that was too severe to be able to be placed in foster care. He described his move being later because:

Even though I was [in contact with DPC], I was good at hiding it because I was afraid of being taken away from my family. My brothers and sisters. And my parents made it quite clear that if anyone found out I would be taken away. So as much as I hated what was going on at home [...] as a kid, you love – you might not feel that love back, but you love your brothers and sisters, you love your mum and your dad [...] you want things to be better. You don't want to be taken away from who you love, even though it would have been best. I can honestly say it would have been a lot healthier and a lot better [...] to have gone into foster care to a bunch of people that actually did show me love and show me the proper way (Jesse).

All five of the participants who had lived in care described being appreciative that they were removed from their abusive homes, with two of the participants, illustrated by Jesse (above), suggesting that they would be faring much better as adults if they had have been removed earlier. Similarly, Jack had experienced severe levels of trauma before being removed from his family, however he felt that if parents were provided with more support, it may be possible to keep families together to at least some degree, as he notes below:

They should have stepped in sooner [...]. If they can't look after the kids then they should separate them. If they're going to keep them together then they need more funding and support (Jack).

It appeared that children in care were not always included in conversations about their care arrangements and did not always know what was happening. Being more involved may have helped them to understand. To illustrate this, Kyle recalled feeling that his foster parents did not want him anymore when they arranged respite on one occasion:

I think when you're young, I just felt like, "Oh, well they don't want me here." Even though they needed a break, I thought, "Well, if I was with my mum, she wouldn't just do that for a break." (Kyle).

Although children are now meant to be involved in decisions about them, this did not seem to be occurring in practice. Jesse was hopeful that this may change with the introduction of peer mentors, stating that:

Maybe in the future DCP can work alongside peer mentors and get [their] perspectives on things. So it would give them a rough idea of what might work a little bit better (Jesse).

All of the participants recognised that being in foster care was not the same as being in their biological family, however they also felt that it should be just like family and that stability should be supported where possible. The findings suggest that foster carers recognised that their support worker, the DCP social worker and themselves as the carer, all have the child at the centre of their work. Yet, it appears that there needs to be greater attention to communication and to including children and foster carers in decision making. The findings indicate that it would be helpful if foster carers were provided with

greater support in boundary-setting and negotiating what is and is not ok in their household, which may also contribute to a more stable and consistent environment for children in their care. These findings are in line with the literature reviewed above that suggest that children experience better outcomes where their foster/kinship carers are acknowledged as providing a family environment and supported to ensure that their environment is therapeutic.

Biological parents

Developing relationships with family members is known to be beneficial for children, however the findings suggest more work is needed to facilitate this in therapeutic ways. Care participants described experiencing strained relationships with their biological parent/s, whether or not they had re-established relationships with them. Participants expressed a great deal of disappointment in their parents' inability (or unwillingness) to care for them as children. Two participants had re-established at least some form of relationship with their mothers, although Brianna's account appears more of a description of caring for her mother rather than being cared for, in the following:

My mum has really bad mental health [...] I just thought I would check to see if she was okay because her mental health was quite bad. We talk off and on, she doesn't have contact with my sister, so she doesn't have anybody else (Brianna).

Taylor described feeling proud of her mother for being able to care for and keep her youngest siblings, however she felt she was unable to see them often enough because they lived in different towns, described below:

I'm really glad that I have that relationship, especially now that she's had [...] my little brothers. [DPC] gave her a trial period with [sibling], and she passed with flying colours and so they let her keep [the youngest]. And they've stopped monitoring – I think they stopped monitoring her a couple of years ago and she's doing really well with it (Taylor).

Three of the participants actively refused to have any contact with their parent/s, having experienced severe trauma at their parents' or step-parents' hands. One of the participants described how he felt about his mother as follows:

I decided I don't even want to talk to my mum, because I felt like – and I still do today, [...] I just felt like she did it to us, and although she had domestic violence, and we've seen all that, I'd seen a lot of stuff of her getting beat up and things like that, it was all her fault [...] So I sort of blame her for how we were brought up, and that's why I don't talk to her (Kyle).

Kyle's expression of disappointment that his mother was unable to protect him may have been mitigated had his mother been supported to protect him from experiencing or witnessing domestic violence. Examples of support that could be made available include models such as the Safer Together program (Mandel 2013) which may have prevented this fracturing of their relationship.

Foster carers described a major part of their role being to ensure that the children in their care were provided with opportunities to spend time with their parents, or to at least know who they are. Foster carers noted however, that more support is needed for children to transition to and from contact visits. They also felt that they should be provided with information about what occurs at access visits so that they are better equipped to care for children on their return, because in their experience, children often take time to recover from their visits at an emotional and behavioural level.

The importance of emotional support for both children and foster parents was evident in the pain that foster parent participants expressed regarding ways in which children in their care had been let down on multiple occasions by their relatives, illustrated below:

Even when we organised it, 90% of the time they just didn't turn up [...] I've always been open with him about everything, and he has photos of his family in his room and stuff, and he sort of asks me every now and then why they don't come. [...] every 12 to 18 months he'll come out with the question. Or we could be sitting in the car and he'll say to me, "Why aren't I living with my mum." We talk about it and that's it. He decides when he's finished with the conversation, as kids do (Cynthia).

These findings provide some insights into the ways in which support for parents, as well as support for children before and after access visits, could prevent or ameliorate some of the trauma and subsequent estrangement of children and their parents. The evidence reviewed above regarding reunification suggests that failed reunification is more traumatic for children than no reunification. Therefore, it may be helpful to consider increased support for access visits as well as for reunification.

Siblings

The importance of connection with siblings was a strong theme across all participants' accounts. However, only three of the five participants had contact with their siblings (see table 4). The importance of being connected was evident even when siblings had a 'falling out'. One of the participants, Brianna, described having a falling out with two of her siblings which caused a breakdown in their relationships and she subsequently moved into residential care, where she lived for two years. Nevertheless, she eventually returned to her foster family and maintains that: 'We're all very close, my siblings and that'. She described the importance to her of having one foster family, suggesting that even when children's relationships seem to have fallen apart, if the adults remain solidly supportive and accessible, children and young people recognise this. Brianna went on to say that:

I was really lucky, I had my [siblings]. I had a really good connection with them and I think most young people don't know their family and don't know their siblings very well (Brianna).

Siblings were identified as an important source of support, including during their transition to adulthood, as Kyle recalled when he had just turned 18:

I mean I got involved in drugs for a few years and things like that. But with the help of my other brother who, [...] he bought a house so he said, "You need to sort your shit out so come back. Come and live with me for \$50 a week and then get another job" (Kyle).

This provided Kyle the space and opportunity to get his life on track. It was evident in the accounts of the two participants who no longer had contact with their siblings that they would prefer to be more connected. Some of the foster carers also indicated that worry about siblings after their separation was one of the things that was particularly painful for children in care, especially when they felt powerless to do anything about it, as illustrated by Keith in his account below:

He was looking after his brother and his two sisters when he was living at home. Again, he'd stash food and then he'd share it later on. They were living in faeces and mice and rats. [...] She got the eldest daughter back home and started giving her to her friends for sex on weekends. And she was only 14. [reported to DPC]. So, his

family has never liked him. And they like him even less now that he did that. He was looking out for her (Keith).

Some of the foster carers felt that children in their care should be given more opportunities and more structured support to connect with extended family members, particularly when they were unable to see their parents, or when access visits with parents seem to have detrimental effects on the children's mental wellbeing, as noted below:

And sometimes I think if they looked into some of the aunties and the uncles, and maybe have access with them or their siblings instead of with the parents. It might work out better for them (Gary).

The three young men had all experienced contact with the justice system and interrupted education. The three participants who had reasonable contact with at least some of their siblings throughout their time living in care appeared to be faring better in terms of the way in which they talked about their wellbeing as young adults than the two participants who had not.

Summary and recommendations: microsystem

This section has shown, through the accounts of participants who had lived in care as well as those of foster carers, the importance to children's positive development of durable connections with supportive adults in a family or family-like context. Participants who had lived in care provided insights into how children expect adults to be supportive and provide safe environments, and expressed extreme disappointment when adults did not achieve this.

In an ecological context, this speaks to the importance of the microsystem of children's lives providing consistent, therapeutic proximal linkages (i.e. the quality of relationships with whom children spend the most time). Further, the findings are in line with the literature regarding the importance of connections with siblings and the desire to be able look out for one another, regardless of the state of the sibling relationship (i.e. whether or not they are estranged).

Recommendations:

- Review organisational policies and procedures to ensure proactive support to enhance connections with siblings (e.g. formalise the promotion of connections between foster carers and siblings such as camps and get-togethers in school holidays).
- Seek formal DCP support and the necessary funding to facilitate family connections, especially sibling relationship-building in line with *National Standards for out-of-home care, Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members* and the *SCAICC Practice Principles*.
- Develop a foster carer recruitment and placement protocol to facilitate avenues to maintain geographical proximity between siblings.

The meso- and exosystems

The mesosystem includes the developing person's social network and the exosystem incorporates linkages between multiple settings that may not include the child such as child protection, education or justice policies, over which the child has little influence.

Clients and continuity

The foster carer participant group agreed that the welfare of children in their care was central and that they, their support workers and DCP social workers were all working to ensure that the children would be safe and have their needs met. When there were opportunities for social workers to meet with the whole family – at least the foster carer and the child together – it seemed that there were more likely to be positive outcomes. Such opportunities could be used for goal-setting with the young person, negotiating boundaries (e.g. how late they could stay out) and working out what steps they could all take to support the child to flourish. Keith's account below is illustrative of how this can work well:

I met [social worker] when I first started with [child]. And she'd known him for years. [...] She wanted to interview me about him. So, I went to an interview and she said "I can't believe the change in [child]. He's like a different child. I don't care what you're doing keep doing it. And if you have any problems let me know." [...] Having someone like her that had known what he was like, then to come through and tell me how he's improved and what area he wasn't improving in, that helped a lot as well. [...] And that worked perfectly (Keith).

When communication and negotiation is shared with the common goal – being child-centred, it appeared to support better outcomes for the child. Crucially, there appeared to be less likelihood for misunderstandings to occur which might lead to less than ideal outcomes, such as arguments between the young person and the foster carer and at worst, relationship breakdowns. As Lisa stated:

I think that if you're all together and having conversations, there's not the miscommunication - like, everyone's there and know what was happening at that time, during the discussions that take place (Lisa).

Unfortunately, the foster carers did not always feel that they were working *together*. Some of the foster carers articulated feeling that DCP workers did not recognise them as instrumental in providing a therapeutic environment, illustrated by Cynthia:

At the end of the day, whichever way you look at it, everybody in that little circle is there for the child, so therefore we should all be working together for the good of the child, not just having one lot out here saying, "We're the boss," and - okay, someone's got to have the final say, but it still doesn't hurt to have a bit of room to listen to the people that are actually out there, actually doing the work (Cynthia).

Further, some of the foster carers had experience with DCP social workers being at best unhelpful and at worst obstructive. Both participant groups identified inconsistencies between support services and also between staff members from the same support services. Participant accounts indicated that tensions tended to arise where there was inadequate communication between the child's DCP social worker and the foster carer.

Probably the thing that didn't work is that we would, as foster parents, never receive much backing from the [DPC]. They quite often wouldn't support us with what we were trying to encourage the children to do. They would do their - they would give

the children other ideas which would make it hard to parent them at home. [...] They need to be consistent with who's going to be the parent and who's [...] going to make the decisions. Is it going to be a joint decision or is it a sole decision? Things like that makes it really tricky, I think (Lisa).

Although the literature speaks a great deal about continuity of carer for children living in care and for children with multiple and complex needs, the participants who had lived in care did not raise this as an issue. This could be because they were responding in the same way as the previous studies outline; that being let down by adults is something they take for granted and just have to deal with (e.g. Ellem et al 2019). Some of the participants who had lived in care did, however, speak about one or two people who they felt had always 'been there' for them, even if on reflection, it may not have been obvious to the person or people at the time, as described by Jesse in the following:

And then me personally seeing different people when I was younger, it makes you feel like you're expendable. You know, someone's just passing the buck. It creates insecurity. And it breaks down the relationship and breaches the trust the young person can have with adults. Especially if – for me the adults were the cause of my hurt as well, so being able to develop a trusting relationship with adults was what I reflect on now is massively key to me being able to be the person I am today. [...] So it wasn't really until I moved back to [town] that I started to get help again, because I had a worker in [town] that I'd been familiar with. And yeah, they helped me get back on my feet [but] it wasn't until I got older and I suppose my brain started to mature. Then I started to realise that, you know, these people were doing a pretty fricking awesome job. And they played a really important role in me being the person I am today. And without those people in my life, I'd be dead. (Jesse).

Jesse's account emphasises the importance of positive relationships with adults – and especially the importance of maintaining these relationships. His description of feeling 'expendable' is especially telling, highlighting the effects on young people when their few trusting relationships with adults are ended through no fault of their own. Two of the foster carers noted support worker relationship loss as being something that they viewed as having a strong impact on the children in their care, illustrated by Donna below:

I've seen two or three [children] get very uptight about their worker's changed. [...] That is the single person they can talk to if they've got problems. And then it might be three or four months down the track and they've disappeared or transferred - and I've had a couple of lads very upset. "Why can't she work with me anymore", [...] "who's going to do that and, no I'm not having anyone else". Because they were just tuned in on that one person that took them out for the start. [...] But the ones that have really had their heart broken or really hurt, they're the ones that rely on that first person that's a bit more solid than where they've been. And if they disappear out of their life, it's hard to - there's another one gone, you know. They just lose the confidence of - no matter who I talk to or get friendly with, they disappear on me (Donna).

Further, Keith, whose account above described a very supportive relationship and excellent communication between one of the children in his care, the child's DCP social worker and himself, found it stressful for all three of them when DCP made the decision that the child had to change to a worker from the local office, as illustrated below:

We wanted to keep her but they wouldn't let us because it was so far away. And I said I don't mind driving down. But they said "No. No. You've got to have a local worker." And then we went through two or three workers in two or three months. Because they're moving here, moving there. It's ridiculous. Again, there's no continuity. And you've got to explain yourselves all over again to someone else. [...] They used to give us fuel money for coming down. So, we'd go to McDonald's, go to a park, spend probably an hour, hour and a half with [worker]. And it was great. That's why I said, I don't mind coming down. If we can keep her as a worker but – and she was really upset when she had to leave him as a worker (Keith).

This section reflects the importance of continuity and the ways in which adults who have consistently been supportive have had positive effects on the young people's outcomes, even where it may not have been apparent at the time.

Boundaries and agency

One of the most difficult times for children living in care, and also for their foster carers, seemed to be when children emerged into adolescence and again when they neared the age of transition out of care. In these transitions, children are, at a developmental level, seeking to increase their self-determination (or agency/control in their life). Most of the difficulties participants encountered seemed to be associated with rigid, risk averse policy structures that are necessarily in place to keep children safe. By contrast, two of the foster carer participants felt unsupported in their attempts to set boundaries, particularly when children were not yet used to taking responsibility, for example by returning home when asked, described by Gary as follows:

Yeah, you get a good support worker and you get a good worker from the office that understands and knows how you work, it works really well. Because we've had social workers come in "Oh you're too strict." I say "No, we're not too strict, we've just got boundaries." Everywhere you need boundaries. You know, you can't say to a kid "You can just go and do what you want." Because if they nick off, you've still got to go and find them (Gary).

For some of the young people, however, these very structures seemed to work against keeping them children. Children and foster carers both identified ways in which a 'one size fits all' approach did work for them in practice. They suggested that this is because children develop in different ways and at different ages. Adding to this is the variable effects of the ways in which trauma affects children's development. Kyle's story illustrates this, whereby he felt he had been moved about based on what Families SA [now DCP] deemed appropriate, when all he really wanted was to feel in control of his own destiny, as described below:

I think I was about 14, I didn't really – I sort of wanted to do what I wanted to do. I didn't want to go to school so I left school in Year 9. [...] my old foster carer [...] was still always good to me. So I sort of went there and I moved to Adelaide. She'd rented a house in Adelaide so I'd just pay her \$50 a week. I had a job as well. Families SA didn't want to support me because I didn't want to do what they said that I had to do. [...] I just wanted to work to support myself because I didn't like being in care. I felt like I didn't want to be there (Kyle).

Cynthia, one of the foster carers described how one of the young people who was placed in her care simply did not want to live with a foster family because ‘if she couldn’t be with her own family, she didn’t want to allow herself to be a part of another one, even when she couldn’t be a part of her own’. Cynthia felt that if the young woman’s wishes were listened to, she would have avoided many months of intense struggle and conflict, in Cynthia’s household and other families where she had been placed previously. Cynthia’s account was reflected across both participant groups, whereby the foster parents are those with whom the child spends most of their time and so should be able to have some say, as follows:

Well, I know that they always say that the child is their client, and it’s like - well, you know, really, they do need to sort of look at you as maybe their advocate, because it would certainly make all of our lives a lot easier if that’s what they did (Cynthia).

Participants offered several ideas such as this, whereby there could be some clearer role-delineation so that foster carers, support workers and DCP workers could work more collaboratively with children in care. Given that children’s outcomes are central to each of the roles, it is crucial that there is more consistency in worker and foster carer roles. Further, each individual child needs to be recognised as having a unique set of circumstances and different levels of trauma that have affected their development in varying ways. Keeping this in mind young people are very much aware of what they have been through and may not respond well to carers or workers who do not have a clear understanding of this, as articulated by Jesse:

I didn’t want some person with a degree sitting there telling me or talking to me about shit that they had no idea about. I want somebody that’s lived through it, that’s been through it, that’s felt it and knows what it’s like (Jesse).

Both groups of participants also spoke about the need for more assistance for transitioning out of care and towards adulthood. While there has been some advancement of this in metropolitan areas, more support is still needed in country areas.

Being in the country

Findings from this study suggest that living in care in the country both provided benefits and presented challenges. The types of benefits that both foster carers and children identified seemed to be related to the greater levels of support that small communities can offer. Children and young people tended to be known in their local area and so there were more opportunities for support. Kyle illustrated in his account below the ways in which local communities can and do provide sometimes life-changing support, even without direct involvement:

I got the job there and I failed the drug test so I lost my job but it just worked out that [the manager] never said - but I believe that he gave me another chance because he knew my background [...] so in a way, I believe he helped me to stick at it and keep myself on the straight and narrow (Kyle).

Further, foster carers tended to know each other and could look out for each other’s children in care, even if they did not agree with each other’s approach to foster care. Challenges that participants identified tended to be directly related to distance and resources. Distances between foster children and their families, especially their siblings, seemed to pose the greatest challenges to children’s sense of wellbeing when they were dispersed across large geographical areas with limited transport options. Indeed, Taylor described her disappointment at being unable to maintain relationships with her siblings because they were splintered across different households and towns:

I think when it's foster care it's harder when you split up siblings because they just grow up with no relationship [...] I've got a lot of siblings, like spread out and at a time, there was six of us living in [town and my brother and I] were the only two living together and we just never really saw the others (Taylor).

Taylor also spoke about her efforts to establish strong relationships with her youngest siblings who were living in a different town, stating that she had calculated, 'the amount of time that I've spent with [siblings] since they've been born and it wouldn't even add up to two weeks'. As abovementioned, participants felt that more attention to transitioning out of care was needed in country areas. The types of support that the participants who had lived in care spoke about included activities of daily living such as managing finances, self-care, cooking and cleaning. They also spoke about needing to learn how to manage the effects on their mental health that their childhood trauma had as they reached adulthood, with Jesse noting that:

I shouldn't have been living on my own. I wasn't capable of looking after myself, paying bills. And I was very emotionally angry and stuff (Jesse).

Both groups of participants spoke about the problems that distance posed when there was a breakdown in care and there were few options in the same location, meaning that children would need to move to another town. When this occurred, there was a sense of being uprooted - they would once again be surrounded by strangers, need to start at a new school and develop new networks. They may also be made to change support worker, as described above by Keith. Given that the children had already experienced significant trauma and relationship loss, participants felt that it was far from ideal having to once again re-develop networks.

Participant accounts focussed mainly on descriptions of children's microsystems, mesosystems and exosystems. Nevertheless, it is possible to draw some conclusions about the effects of the macrosystem by considering their experiences in light of the literature reviewed above. It is starkly apparent that the decisions of Australian economic and social policy makers impacts children's outcomes. Their decisions about fiscal policy in their allocation of scarce resources to government-funded systems such as the welfare, education and child protection affects children as well as their decisions about the day-to-day management of the child protection coalface (Musolino et al. 2020, Ellem et al. 2019, Dellemain, Hodgkin, and Warburton 2017). Therefore, we include some macrosystem recommendations based on our analysis of the data against the literature.

Summary and recommendations meso- and exosystems

This section has presented findings that relate to the structures supporting children living in care: the meso- exo- and macro-systems. The findings show that it is crucial that there is clear communication between workers, carers and children. Further, the findings suggest that continuity of support worker should be prioritised over location when children have developed a strong relationship with a worker but is relocated to another foster carer. This finding is supported by evidence that children are at risk of dis-engagement if a trusted worker is removed from their life. From an ecological perspective, this is paramount to breaking an important developmental linkage. Finally, in line with raising children more generally, the provision of clear and consistent boundaries, agreed by all, is crucial for supporting young people to flourish. The findings indicate that there needs to be greater recognition and support for foster carers as advocates for the children in their care.

Recommendations: meso- and exosystems

- Review internal policies and procedures to work with internal and external agencies to support children and parents transitioning to reunification (e.g. advocate that the family is formally referred to a reunification program).
- Facilitate child's connection with past foster carers where sought/allowed in line with the *National Standards for out-of-home care, Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to.*
- Build linkages across the child's microsystem (e.g. with school teachers, sports coaches, other agency workers).
- Advocate for children being involved in decisions about them, drawing on the *Convention on the Rights of the Child* and the *National Standards for out-of-home care, specifically Standard 2: Children and young people participate in decisions that have an impact on their lives* and the *SCAICC Practice Principles*.
- Review internal policies and procedures to collaborate with internal and external parent support programs to ensure children are kept safe during access visits.
- Provide training and support for foster carers to support children prior to and returning from access visits with parents in line with *National Standards for out-of-home care, Standard 12, Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.*
- Review internal policies and procedures to formalise the enhancement of communication and relationship-building between foster carers, support workers and DCP support (seek funding as required) in line with the *CF&KCSA, CAFFSA & DCP 2020 Statement of Commitment*.
- Enable support workers and foster carers to work with DCP social workers to ensure that foster carers are adequately supported to care for children in their care (e.g. capacity building, training, financial support). This is in line with *National Standards for out-of-home care, Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care* and the *Statement of Commitment*.

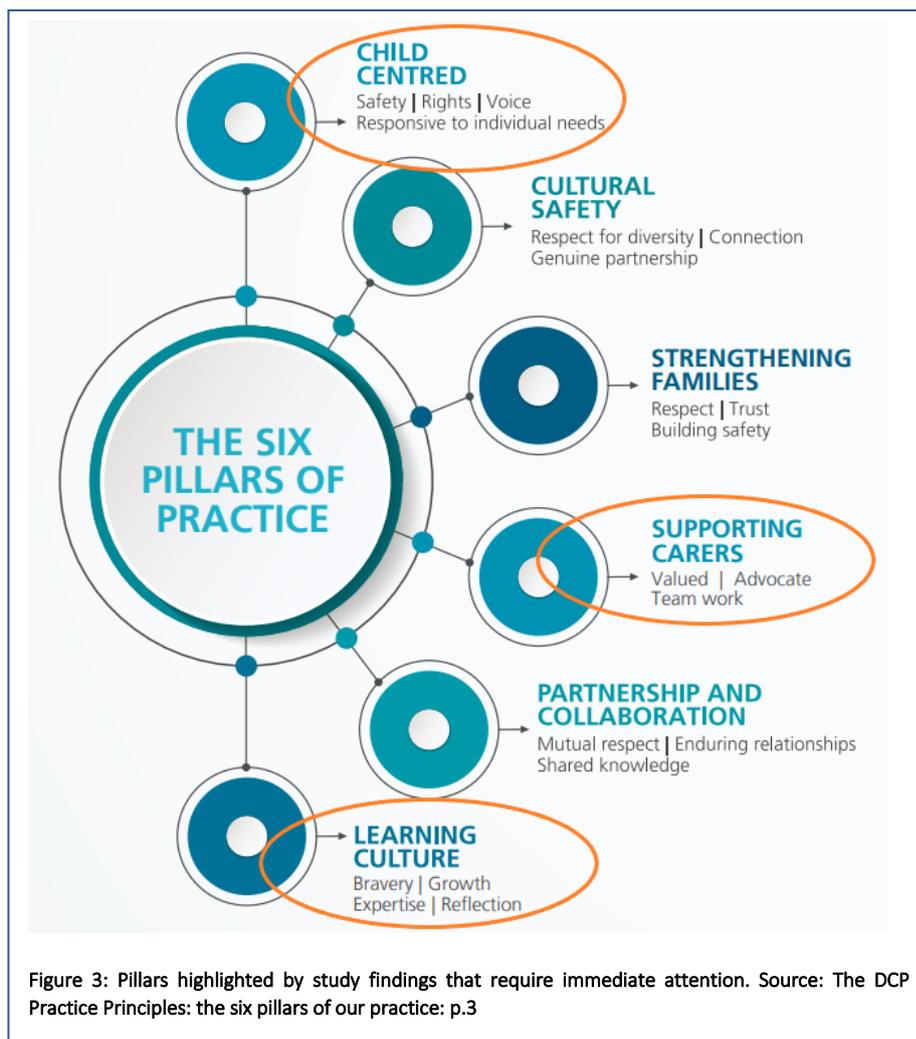
Recommendations: macrosystem

- Advocate for equitable, systemic, adequately resourced and enduring support for young people in care to break the cycle of intergenerational engagement with the child protection system and subsequent disadvantage.
- Advocate for the development of long-term equitable social and economic development in country areas in consultation with communities and stakeholders.
- Advocate that all government contracts include provisions for the distinctive conditions of working and caring in country contexts (e.g. travel, meetings with family members).

Summary and recommendations

Notwithstanding the South Australian Government's acknowledgement of the failures of the child protection system and commitment to reforms, our study contributes evidence from young people emerging from the child protection system that many of key *National Standards* are not being met. We urge those working in child protection to consider these findings against their *Six Pillars of Practice* (DCP 2019). The three pillars that our findings suggest were notably in need of attention were those relating to being *Child-Centred*, *Supporting Carers* and fostering a *Learning Culture* (see figure 3). Starting with the latter, it will require a great deal of *bravery* to flip current practice in order to bring about the changes required to improve children's experiences of being in care.

The management of child protection systems has understandably become progressively risk-averse; however our participants' experiences suggest that DCP's conceptualisations of risk may differ from their own. Examples in our findings are where decisions were made by DCP staff based on rigid constructions of risk that consequently placed children and young people at greater rather than less risk. If instead decisions were based on being child-centred and valuing carers' knowledge of the children in their care, the children's experiences and outcomes may have been more positive than those described. Participants who had lived in care provided insights into how children expect adults to be supportive and provide safe environments and expressed extreme disappointment when adults did not achieve this.



Our study contributes evidence that highlights the importance to children's positive development of durable connections with supportive adults in a family or family-like context. However, in agreement with the SNAICC's *Placement Principle*, one connection alone, without broader meaningful networks, is unlikely to be sufficient for a child's positive development. These findings accord with the evidence reviewed above regarding the importance of connections with siblings and the desire to be able look out for one another, regardless of the state of the sibling relationship (i.e. whether or not they are estranged). Participants also valued connections with other family members such as aunts and uncles. In an ecological context, this speaks to the importance of the developing child's microsystem providing consistent, therapeutic relationships (i.e. the quality of relationships with whom children spend the most time).

Of particular importance in country areas, the findings suggest that maintaining continuity of a child's support or social worker should be prioritised over location. For example, when a child has developed a strong relationship with a worker but is relocated to another foster carer (particularly in another town) they should be supported to maintain their relationship with that worker. This finding is supported by evidence that children are at risk of dis-engagement if a trusted worker is removed from their life. From an ecological perspective, this is paramount to breaking an important developmental linkage. The findings show that it is crucial that there is clear communication between workers, carers and children; those people in settings within the child's microsystem that link across the mesosystem.

In line with raising children more generally, the provision of clear and consistent boundaries, agreed by all, is crucial for supporting young people to flourish. There needs to be greater recognition and support for foster carers as advocates for the children in their care by paying attention to the child's exosystem. There seemed to be a disconnect between carers being encouraged to treat children placed in their care as they would their own children, however the child protection system does not support this in practice. Examples include the requirement of police checks being supplied by friends and family with whom the child may stay overnight whereas the same requirement is not expected for their foster-siblings.

Moreover, we found that foster carers tended to feel their care work was undervalued and that they were outside the child's care communications. The evidence reviewed above is this has flow-on effects on the child's wellbeing and development. There also needs to be far greater financial support for carers to proactively reduce children's exposure to poverty, which is another strong determinant of children's health and wellbeing. These findings therefore support the adoption and adequate resourcing of the *Statement of Commitment*.

Lastly, the young people in this study expressed a need for extensive support in their development of adult life skills such as managing a budget and taking care of a home. Counter to this, the announcement that the Transition to Adult Life Intensive (TALI) program will not be continuing is extremely disappointing (UCSA 2019). We urge policy makers to ensure that this gap for country young adults is replaced. The recommendations below are structured according to an ecological approach (see figure 4). As noted above, using an ecological model has been viewed as being economically out of reach, despite evidence that it would be cost-effective in the longer term because i) there would be fewer children placed in care, ii) of children in contact with the child protection system, more would complete school, and iii) fewer children in the child protection would also be in contact with the justice system. We recommend that, based on our findings and the extensive evidence, that an ecological approach that incorporates a children's rights approach should be adopted to provide children the tools and opportunities to flourish.

Recommendations

Microsystem recommendations

The child's microsystem comprises the settings in which they spend most of their time and in which they have frequent face-to-face interactions. The findings highlight the importance of developing and maintaining consistent, therapeutic relationships with trusted adults (i.e. the quality of relationships with whom children spend the most time). Organisations need to recognise the importance of and actively promote connections with family (in the broadest sense).

- Review organisational policies and procedures to ensure proactive support to enhance connections with siblings (e.g. formalise the promotion of connections between foster carers and siblings such as camps and get-togethers in school holidays).
- Seek formal DCP support and the necessary funding to facilitate family connections, especially sibling relationship-building in line with *National Standards for out-of-home care, Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members* and the *SCAICC Practice Principles*.
- Develop a foster carer recruitment and placement protocol to facilitate avenues to maintain geographical proximity between siblings.

Mesosystem recommendations

The child's mesosystem represents their social networks. Organisations should facilitate clear communication between workers, carers and children and forge other linkages between people and agencies within the child's microsystem.

- Review internal policies and procedures to work with internal and external agencies to support children and parents transitioning to reunification (e.g. advocate that the family is formally referred to a reunification program).
- Facilitate child's connection with past foster carers where sought/allowed in line with the *National Standards for out-of-home care, Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to*.
- Build linkages across the child's microsystem (e.g. with school teachers, sports coaches, other agency workers).
- Advocate for children being involved in decisions about them, drawing on the *Convention on the Rights of the Child* and the *National Standards for out-of-home care, specifically Standard 2: Children and young people participate in decisions that have an impact on their lives* and the *SCAICC Practice Principles*.

Exosystem recommendations

The exosystem is where relationships occur between multiple settings which directly affect but do not necessarily involve the child and over which the child has little control. For children in care, the exosystem may include child protection, education or justice policies. Organisations should support linkages surrounding the child's support network (i.e. people involved in care for the child) to build capacity, relationships and trust.

- Review internal policies and procedures to collaborate with internal and external parent support programs to ensure children are kept safe during access visits.
- Provide training and support for foster carers to support children prior to and returning from access visits with parents in line with *National Standards for out-of-home care, Standard 12, Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care*.
- Review internal policies and procedures to formalise the enhancement of communication and relationship-building between foster carers, support workers and

DCP support (seek funding as required) in line with the CF&KCSA, CAFFSA & DCP 2020 *Statement of Commitment*.

- Enable support workers and foster carers to work with DCP social workers to ensure that foster carers are adequately supported to care for children in their care (e.g. capacity building, training, financial support). This is in line with *National Standards for out-of-home care, Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care* and the *Statement of Commitment*.

Macrosystem recommendations

The macrosystem is influenced by dominant historical, cultural and political beliefs and practices. Examples include normalised (or taken for granted) belief systems that are embedded in policy and practice, such as decisions about resource allocation, institutional racism and the ways in which policy may be gender blind. Organisations should advocate to influence the socio-political environment in ways that enable all young people to flourish.

- Advocate for equitable, systemic, adequately resourced and enduring support for young people in care to break the cycle of intergenerational engagement with the child protection system and subsequent disadvantage.
- Advocate for the development of long-term equitable social and economic development in country areas in consultation with communities and stakeholders.
- Advocate that all government contracts include provisions for the distinctive conditions of working and caring in country contexts (e.g. travel, meetings with family members).

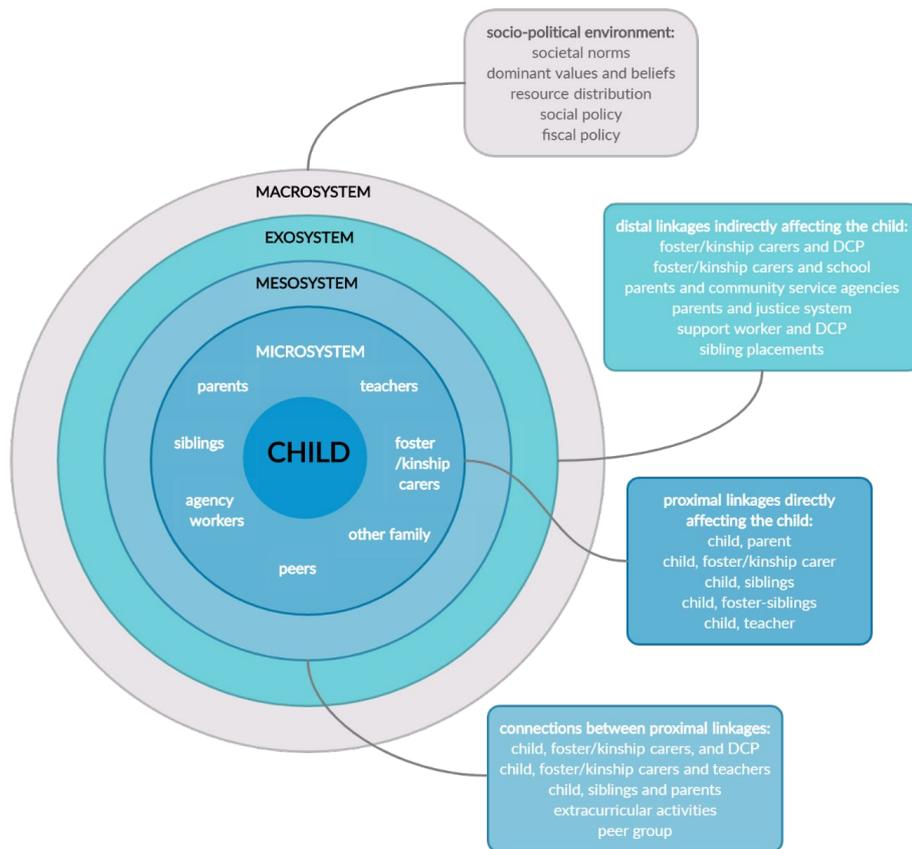


Figure 4: An ecological model of children in care

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