Placement Stability:
Children and Young People in Out-of-Home Care

Key messages

Research has found placement stability is a factor influencing the wellbeing of children and young people in out-of-home care (OOHC).

The POCLS found:

Just over half (53.7%) of the children and young people in the POCLS that had received a final order had less than 3 distinct placements and three quarters (73.3%) had less than 4 distinct placements in the 5-6 year period following their first entry to OOHC.

Approximately 7-8 years after entering OOHC, two-thirds of the children and young people (66.0%) had been in their current placement for 6 years or more.

Children and young people who entered OOHC for the first time when they were 6 years and older were more likely to change placements than younger children.

Children and young people placed in foster care were more likely to change placements than those placed in relative/kinship care.

Placements were less likely to breakdown when caregivers felt satisfied in their caring role and supported by caseworkers.

Child development is positively associated with placement stability.

This Evidence to Action note describes how the POCLS can inform OOHC policy and practice to improve placement stability and in turn ensure every child and young person in OOHC has better life outcomes and can reach their full potential.

Placement stability in the Pathways of Care Longitudinal Study

53.7% of the children on final orders had less than 3 distinct placements after 5-6 years in OOHC

15.1% of the children on final orders had 5 or more distinct placements after being in OOHC for 5-6 years

The majority of children are stable

66.0% of children interviewed 7-8 years after entering OOHC had been in their current placement for 6 years or more

17.6% of children interviewed about 18 months after being in OOHC changed placements after the interview

Charactersitics of children and young people who change placements

Children with a history of placement changes are at higher risk of moving again in the future

Older children were more likely to change placements than younger children

Caseworkers can look for case characteristics to prevent placement changes

Children in foster or residential care were more likely to change placemets than children in relative/kinship care

Caregiver satisfaction is associated with placement changes

Reported caregiver distress raised the risk that a child in their care would change placement

Caseworkers can support carers to prevent or plan placement changes

Placements were less likely to breakdown when caregivers felt satisfied in their caring role and supported by caseworkers.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

2

Why is placement stability important?

Placement stability in OOHC is an important factor that has been found to influence the wellbeing outcomes of children and young people (hereafter referred to as children). Multiple placements (i.e., caregiver changes) disrupt children's attachment to their primary caregivers and their sense of security, which are critical to early childhood development. Research studies have found children have positive developmental outcomes when their OOHC placement is stable (Carnochan, Moore & Austin, 2013; Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017; Walsh, McHugh, Blunden & Katz, 2018). For these reasons, placement stability is often used to assess how well the OOHC system is working.

A substantial body of research has identified placement characteristics that may contribute to placement instability including carer characteristics, placement type and system factors such as prior child welfare involvement (Rubin, O'Reilly, Luan & Localio, 2007). Other studies have shown multiple placements can lead to poorer socio-emotional wellbeing in children, such as externalising behaviours including hyperactivity and aggression (Widom 1991; Kurtz, Gaudin, Howing & Wodarski, 1993; Newton, Litrownik & Landsverk, 2000). A recent meta-analysis examined factors influencing placement instability which included child problem behaviours, foster (non-relative/kinship) care, low quality foster parenting, older age at initial placement, placement without siblings and a history of maltreatment (Konijn, Admiraal, Baart, van Rooij, Stams, Colonnesi, Lindauer & Assink, 2019).

The POCLS provides an opportunity to learn more about the Australian OOHC system including when children are most likely to change OOHC placements, how often, and the child and carer characteristics associated with placement changes. This in turn will provide evidence to inform policy and practice.

How is placement stability measured in the POCLS?

Placement stability in OOHC refers to whether children change caregivers. Children can change placements for a variety of reasons. In some cases, placement changes are planned and part of the case plan, for example children moving so they can live with their relatives or kin. Other placement changes are unplanned, either because the carer decides to stop providing care, the carer does not have the capacity to meet the child's needs or the young person self-places with family or friends.

Placement stability in the POCLS is measured using the NSW Department of Communities and Justice (DCJ) client administrative data on OOHC placements. The administrative data does not adequately or reliably capture the reason for a placement change but it can be used to examine the number and timing of placement changes. It also does not provide enough information to understand whether the Aboriginal Child Placement Principles (ACPP) have been applied to an Aboriginal child's placement.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

3

Although the idea of changing OOHC placements is relatively easy to understand, it is difficult to summarise in terms of patterns in the number, timing (how soon after entry to OOHC), time between placement changes, types of caregivers/placements and whether the ACPP has been followed. Analysis of the POCLS data by Wulczyn and Chen (2017) sought to answer:

- Did children change placements following the POCLS Wave 1 interview (between 1-3 years after entering care)?

- What was the time between the Wave 1 interview (between 1-3 years after entering care) and the first placement change?

Summary of key findings

How many placements are children in OOHC experiencing?

The POCLS population cohort is children who entered OOHC for the first time in NSW between May 2010 and October 2011 (n=4,126). Of these children, 2,828 went on to receive final care and protection orders by 30 April 2013. These 2,828 children comprise the final orders cohort noting many trajectories may follow, including exits from OOHC to restoration, guardianship, adoption or aging out at 18 years. Figure 1 shows the number of distinct placements for the children in the final orders cohort over a 5-6 year period (to 30 June 2016). Distinct placements exclude non-permanent placements (such as respite and emergency) of less than 7 days as well as a return to a previous caregiver. Over half (53.7%) of the children in the final orders cohort had less than 3 distinct placements and three-quarters (73.3%) had less than 4 distinct placements (Hopkins, Watson, Paxman, Zhou, Butler & Burke, 2019).

Figure 1: Number of distinct placements for children on final orders over a 5-6 year period since entering OOHC for the first time (by Wave 3)
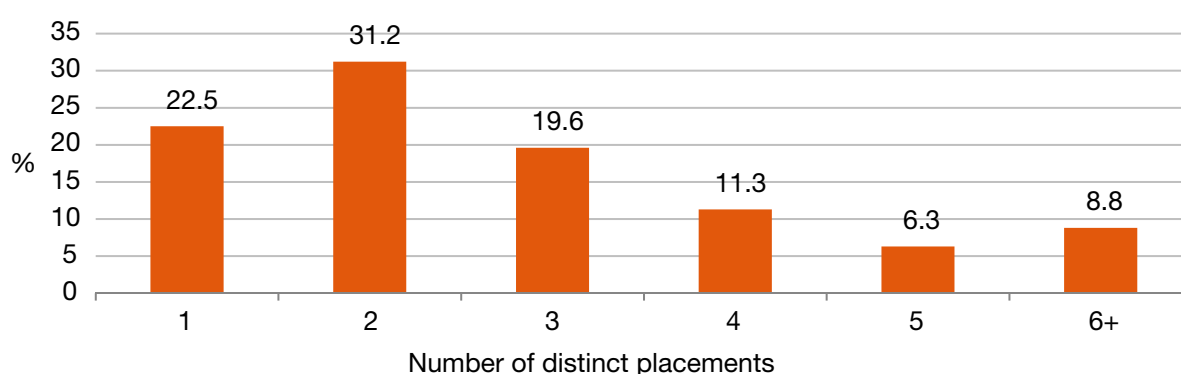
Source: DCJ Administrative data by Hopkins et. al., (2019). The 'no final orders' and 'final orders' status was determined according to whether the child received a final order by 30 April 2013. Subsequently some children may have taken different pathways by exiting or re-entering OOHC.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

4

Hopkins and colleagues (2019) found the likelihood of having more placements in OOHC increased with the age at which the child first entered OOHC. Around 15% of children who entered OOHC for the first time aged 12-17 years had experienced 6 or more distinct placements compared to about 5% of children who entered before they were 3 years old.

How long are children staying in their placements?

Analysis by the POCLS team within DCJ examined how long children who completed a Wave 4 interview (n=961), 7-8 years after first entering OOHC, had been in their current placement. Table 1 shows that approximately two-thirds of the children (66.0%) interviewed at Wave 4 had been in their placement for more than 6 years.

Table 1: Length of time in current placement since entering OOHC between 2010 and 2011 for the first time (by Wave 4)

Length of Placement by Wave 4	Children n	Children %
Less than 1 year	22	2.4
1 to less than 2 years	38	4.2
2 to less than 3 years	35	3.8
3 to less than 4 years	22	2.4
4 to less than 5 years	28	3.1
5 to less than 6 years	166	18.2
6 to less than 7 years	451	49.3
7 to less than 8 years	147	16.1
8 to less than 9 years	5	0.6
Total	**914**	**100**

Source: DCJ Administrative data FACSIAR analysis.
Note: 47 cases with missing placement data were excluded from the analysis.

What factors influenced placement changes?

Wulczyn and Chen's (2017) analysis focussed on the 1,268 children and their caregiver who completed a Wave 1 baseline interview conducted between 4 months and 3 years (on average 18 months) after entering OOHC care for the first time. Tables 2, 3, and 4 summarise placement changes by child and caregiver characteristics. Of the children in the POCLS interview cohort, nearly one-fifth (n=224 of 1,268) changed placements following their Wave 1 baseline interview.

Child characteristics

Table 2 shows that males changed placements less often than females, Aboriginal children were no more likely to change placement than non-Aboriginal children, and older children were more likely to change placements.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

5

Table 2: Number of placement changes by gender, cultural background and age over a 5-6 year period since entering OOHC for the first time (by Wave 3)

Demographic		Total number of children n	Children who changed placements n	Children who changed placements* %	Placement changes (10,000 days)** n
Gender	Female	633	121	19.1	4.6
	Male	635	103	16.2	3.3
Aboriginal	Aboriginal	430	75	17.4	3.7
	Non-Aboriginal	838	149	17.8	4.1
Age at Interview	Less than 2 years	388	48	12.4	2.0
	2 to 5 years	434	56	12.9	2.8
	6 to 12 years	360	97	26.9	7.3
	Over 13 years	86	23	26.7	8.9
Total		**1,268**	**224**	**17.7**	**3.9**

Source: DCJ Administrative data in Wulczyn and Chen (2017).

*The percent of children shows the fraction of all children who changed placement at least once after the interview date.

**Placement changes per 10,000 person days indicates how often, on average, placement changes happen for every 10,000 person days spent in care (see Wulczyn and Chen (2017)).

Caregiver characteristics

Table 3 shows that children placed with relatives or kin, were less likely to change placements when compared to children placed with foster carers or in residential care.

Table 3: Number of placement changes by placement type over a 5-6 year period since entering OOHC for the first time (by Wave 3)

Demographic	Total number of children n	Children who changed placements n	Children who changed placements* %	Placement changes (10,000 days)** n
Placement setting				
Foster Care	640	143	22.3	5.4
Relative/kinship care: Aboriginal	120	22	18.3	4.1

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

6

Demographic	Total number of children n	Children who changed placements n	Children who changed placements* %	Placement changes (10,000 days)** n
Relative/kinship care: Non-Aboriginal	483	52	10.8	2.0
Residential/Other	25	7	28.0	8.6
Total	**1,268**	**224**	**18.0**	**4.0**

*The percent of children shows the fraction of all children who changed placement at least once after the interview date.

**Placement changes per 10,000 person days indicates how often, on average, placement changes happen for every 10,000 person days spent in care (see Wulczyn and Chen (2017)).

Table 4 shows the caregiver's level of distress[1] was associated with placement changes, as was satisfaction with the foster or relative/kinship caregiver's parenting experience and whether or not they were satisfied with the help they received from their caseworker.[2]

Table 4: Number of placement changes over a 5-6 year period since entering OOHC for the first time by caregiver distress (by Wave 3)

Demographic		Total number of children n	Children who changed placements n	Children who changed placements* %	Placement changes (10,000 days)** n
Caregiver stress	Low	995	170	17.1	3.6
	Moderate	199	42	21.1	5.7
	High	74	12	16.2	3.8
Help from caseworker	Not dissatisfied	948	161	17	3.5
	Dissatisfied	320	63	20	5.0
Foster or relative/ kinship care parenting experience	Not dissatisfied	1,237	213	17.2	3.7
	Dissatisfied	31	11	35.5	12.8
Total		**1,268**	**224**	**18.0**	**4.0**

*The percent of children shows the fraction of all children who changed placement at least once after the interview date.

**Placement changes per 10,000 person days indicates how often, on average, placement changes happen for every 10,000 person days spent in care (see Wulczyn and Chen (2017)).

1 Caregiver psychological distress level is measured in the POCLS with the Kessler 10 (K10).

2 Caregiver satisfaction is measured in the POCLS with the Satisfaction with Foster Parenting Inventory (SFPI) - Social Service Support Satisfaction Scale.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

7

What factors influence placement changes?

Wulczyn and Chen (2017) developed statistical models to examine what factors influence the number of placement changes and what factors are associated with the time to the first placement change after the Wave 1 baseline interview (approximately 18 months after entering OOHC). In summary, the analysis found:

- **child factors**, children with a history of placement changes are at higher risk of moving again in the future. Older children were more likely to change placements than younger children, and those in foster or residential care were more likely to change placements than children in relative/kinship care.

- **caregiver factors**, reported distress raised the risk that a child in their care would change placement and dissatisfaction with help from caseworkers or the caring experience influenced the number of placement changes.

Again, older children and children with a history of many placement changes tended to change placements more quickly after the Wave 1 interview.

Caregiver distress and the expressed dissatisfaction with their experience as a caregiver were linked to when the placement change took place.

Children living with caregivers who were satisfied with their caring experience took longer to change placements than children living with caregivers who were less satisfied.

Children placed with caregivers that reported moderate levels of psychological distress were more likely to change placement after the Wave 1 interview.

Do districts differ in terms of placement stability?

Wulczyn and Chen's (2017) analyses showed significant differences between districts in relation to placement changes. Further analysis showed the district differences could be explained by differences in the level of satisfaction of caregivers within the district.

Does placement stability influence child development?

The POCLS team within DCJ has looked at the impact of placement stability on the development of children in OOHC. Placement instability, controlling for a number of factors, is found to have a significant negative effect on socio-emotional, non-verbal, gross motor and fine motor skill development but not on verbal development. A number of other child and caregiver characteristics were also found to have a significant influence on developmental outcomes including age of entry to OOHC, type of harm experienced and caregiver distress. This analysis could not examine the reasons for planned or unplanned placement changes due to limits of the administrative data (Wells, Asif, Breen & Zhou: 2020).

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

8

Implications of the research to improve child outcomes

Strategies to support caseworkers to maintain placement stability

The research literature shows that placement stability in OOHC is a factor that influences developmental outcomes. Permanency for children in OOHC is embedded in the Human Services Outcomes Framework and has been identified as a Premier's Priority 2019-2023. Strategies that develop caseworker skills and provide children, caseworkers and caregivers appropriate support and resources need to be prioritised to achieve this.

Finding suitable placements

Nurturing placements and enduring stability may be improved through a greater focus on existing casework programs and practice such as family decision making conferences; finding family; assessing the strength of the caregiver's support network; and ensuring caregivers are encouraged to contact caseworkers and access appropriate support services.

Assessments, case plans and monitoring

Caseworker training and skills development should focus on how to conduct culturally appropriate trauma informed assessments and case planning including the child's physical health, socio-emotional wellbeing and cognitive learning ability. Assessments and access to appropriate services should be arranged as early as possible so that the placement is able to support the child and caregiver needs. Assessments and case plans should be monitored to identify any changing needs and support as the child grows. It is particularly important that assessments, services and supports are reviewed every time a placement changes. Updated information should be provided to new carers to provide consistency in the provision of care to the child and to avoid any duplication in assessments. Caseworkers should receive training so they have the skills to talk to children appropriately (based on the child's age, culture and maturity).

Support for caregivers

Research provides clear evidence that carers that are emotionally involved and appropriately supported, prepared and trained can lead to increased stability for children in OOHC (Redding, Fried & Britner, 2000; Wulczyn & Chen, 2017). Caseworker training and skills development should focus on identifying caregiver distress and dissatisfaction with help from caseworkers or the caring experience and providing support as required. If additional support reduces caregiver stress and improves the carer parenting experience, then the benefits of the extra support may increase placement stability.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

9

Caseworker and manager skills to identify the risks of placement breakdown

Training and resources for caseworkers and casework managers to identify the risks of placement breakdown from both the child and caregiver perspective should be prioritised. Caseworkers should be made aware of the known risk factors for placement breakdown including children with a history of placement changes, older children being more likely to change placements than younger children, and those in foster or residential care are more likely to change placements than children in relative/kinship care. It is important to consider and address any barriers to supports for different care arrangements. Casework managers should routinely discuss with their caseworkers if they are concerned about placement breakdown. Carer levels of distress and dissatisfaction with their caring role needs to be identified early and addressed so that placements can be supported better or a planned transition to a new placement can be organised.

Practice example

In supervision caseworkers and their managers should discuss cases where they are concerned about placement breakdown. Consider if there are shared characteristics for these cases. There is evidence that change in the number of problem behaviours can increase the risk of placement breakdown as there may be tipping point for cumulative problem behaviours and carer stress.

During supervision,

- Ask if there has been change in the child's problem behaviours, and if professional services are being accessed
- Ask if the caregiver stress level has been assessed, and if the caregiver needs to be supported put an action plan in place early.

Strategies to support carers

Training and resources for caregivers should include the known risk factors of placement breakdown from both the child and caregiver perspective. This should also be a topic that caseworkers discuss with caregivers during the annual case planning process. It might be helpful to ask carers if they have noticed an increase or change in behaviours that they find challenging and if they are feeling more stressed. Caseworkers can be proactive in providing support to the carer and the child. Carers should also be given information about carer training on trauma and child development, local services that are relevant to the child's needs, support networks for carers, and how to talk to children about their behaviours. Carers need to be encouraged to be proactive in identifying risks, understanding the impact of trauma on child development and seeking appropriate support from multiple agencies.

Similar and appropriate training and resources should be developed and provided to intensive therapeutic care workers and managers.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

10

Strategies to improve the administrative data

Consistently collecting information on the reasons for placement change (planned/ unplanned) would assist in understanding the prevalence of placement breakdown vs a planned move to inform the development of policies and practice to support placement stability. Improvements on how DCJ collect data have been underway with the development of ChildStory. The improved accuracy of data entered into ChildStory of the child's demographics details and placement changes (including reasons for placement change) would provide a more accurate picture of the OOHC system to inform policy and practice.

Further research to improve evidence informed practice

Further POCLS analyses will focus on priority policy questions. Some topics that have been identified are:

- Deeper understanding of how placement stability influences the developmental outcomes of children (publication forthcoming).

- District differences in relation to carer distress, dissatisfaction with their caring role and levels of appropriate support to inform strategies to improve practice and placement stability.

- Foster and relative/kinship carers support networks at the district level and how that correlates with higher than expected rates of placement change.

- Predicting the risk of a placement change with the DCJ administrative data to assist caseworkers to identify and intervene as appropriate to support carers, children to maintain placements.

Intervention studies, such as the development of informal supports for carers using a quality improvement framework, and administering at regular intervals a standardised measure of carer satisfaction to identify placements at risk, could show which investments are leading to increased placement stability.

Pathways of Care Longitudinal Study Evidence-to-Action Note Number 7 – Placement Stability: Children and Young People in Out-of-Home Care

11

References

Carnochan S., Moore M., & Austin MJ. (2013) Achieving Placement Stability, Journal of Evidence-Based Social Work, 10:3, 235-253, DOI: 10.1080/15433714.2013.788953

Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L. & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic review. Children and Youth Services Review, 76, 74-83.

Hopkins, J., Watson, J., Paxman, M., Zhou, A., Butler, M. and Burke, S. (2019). The Experiences and Wellbeing of Children and Young People in Out-of-Home Care: first five years (Wave 1-3). Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 17. Sydney. NSW Department of Family and Community Services.

Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, GJ., Colonnesi, C., Lindauer, R., Assink, M., (2019). Foster care placement instability: A meta-analytic review, Children and Youth Services Review, Volume 96, 2019, Pages 483-499.

Kurtz, P. D., Gaudin, J. Howing, P. and Wodarski, J. (1993). The Consequences of Physical Abuse and Neglect on the School Age Child: Mediating Factors. Children and Youth Services Review 15(2): 85 - 104.

Newton RR, Litrownik AJ, Landsverk JA. Children and youth in foster care: Disentangling the relationship between problem behaviours and number of placements. Child Abuse & Neglect. 2000;24(10):1363–1374.

Redding, R. E., Fried, C., & Britner, P. A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. Journal of Child and Family Studies, 9, 425–447.

Rubin, D.M, O'Reilly, A.L., Luan, X., & Localio, A.R. (2007). The impact of placement stability on behavioural well-being for children in foster care. Pediatrics, 119, 336-344.

Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6. Sydney. NSW Department of Family and Community Services.

Wells, R. Asif, N., Breen, C., and Zhou, A. (2020). The Impact of Placement Stability on Developmental Outcomes for Children in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 21. Sydney. NSW Department of Communities and Justice.

Widom, C. (1991). The Role of Placement Experiences in Mediating the Criminal Consequences of Early Childhood Victimization. American Journal of Orthopsychiatry 61(2): 195 - 209.

Wulczyn, F. and Chen, L. (2017). Placement Changes Among Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 8. Sydney. NSW Department of Family and Community Services.

Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The study collects detailed information about the life course development of children who enter OOHC and the factors that influence their safety, permanency and wellbeing. The POCLS links data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and matches it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children who entered OOHC for the first time in NSW over an 18-month period between May 2010 and October 2011 (n = 4,126). A subset of those children who went on to receive final Children's Court care and protection orders by April 2013 (n = 2,828) were eligible to participate in the interview component of the study. Information about the study and publications can be found on the POCLS webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the Department of Communities and Justice (DCJ) Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The DCJ recognises the importance of Indigenous Data Sovereignty and Governance (IDS & IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

About this evidence to action note

The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with the policy and program areas to improve the outcomes for children and young people who experience out-of-home care, the support provided to caregivers and families, and the professional development of staff.

This Evidence to Action Note was prepared by the POCLS team at DCJ and the report authors with input and endorsement from the Evidence to Action Working Group.

The findings presented in this evidence to action note are primarily based on a report by Wulczyn, F. and Chen, L. (2017). Placement Changes Among Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 8. Sydney. NSW Department of Communities and Justice.

Recommended citation

NSW Department of Communities and Justice, Insights, Analysis and Research. (2020). Placement Stability: Children and Young People in OOHC. Evidence to Action Note Number 7. Sydney. NSW Department of Communities and Justice.

Study design

NSW Department of Communities and Justice; Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, University of Chicago.

Data collection by I-view Social Research.

Ethics approvals

- University of NSW Human Research Ethics Committee (Approval numbers HC10335, HC16542)
- Aboriginal Health and Medical Research Council of NSW Ethics Committee (Approval number 766/10)
- NSW Population and Health Services Research Ethics Committee (Approval number HREC/14/CIPHS/74; Cancer Institute NSW 2014/12/570).

POCLS webpage www.facs.nsw.gov.au/resources/research/pathways-of-care