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Scoping Review of International and Irish Literature on Outcomes for Permanence and Stability for Children in Care

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Executive Summary

This document aims to inform evidence-based practice in outcomes for children in care by synthesising and critically analysing Irish and international research literature. In particular, it aims to offer practitioners a resource to use in reports such as those required for court or case conferences to back up their recommendations and arguments relating to permanence and stability. Specifically, this review identifies and examines quantitative and qualitative evidence of indicators for stability and permanence outcomes for children in care, assessing the impact of socio-demographic factors such as age at entry to care and a range of socio-economic indicators on the achievement of permanence objectives.

Internationally, child welfare systems place emphasis on accomplishing permanence outcomes for children in care, particularly for those who spend prolonged time periods in care systems ('long-term care').[1] While there is substantial debate about the meaning of permanence and how this might best be accomplished for children at different levels of need, permanence is defined as stable, long-standing care arrangements for young people that nurture secure and loving relationships between the children and other persons who are involved in their care (i.e., foster parents, parents of origin, siblings). Permanence also implies feelings of security that are grounded in 'place'. Feeling secure in one's environment comes from a sense of connectedness between the child and the places they frequent on a regular basis (e.g., school, religious communities, youth venues) and from being secure in one's home life. Both qualitative and quantitative evidence around children in care and outcomes of permanence and stability indicate that factors like age at entry to care and length of time spent in care can significantly impact on children's experiences and the likelihood of their achieving permanence.

At the same time, however, recent studies show that there are no single factors which impact on permanence and stability outcomes for children and young people. Instead, the young person's experiences prior to entering care and their experiences while in care environments significantly shape outcomes for permanence and stability (see McSherry et al., 2008). This is also highlighted in recent research utilising state-of-the-art methodologies from the US in particular, which advocates that outcomes for permanence and stability are contextual (Biehal, 2014). While evidence shows that there are direct and indirect correlations with permanence and stability outcomes, the policy context, social context and factors at the level of the child and the family are significant in shaping permanence and stability outcomes. In turn, this review draws upon qualitative, quantitative and mixed-method studies to assess evidence from Ireland and internationally on the impacts of various indicators on permanence and stability outcomes. The combination of these research approaches draws attention to the contextual and relational aspects of family life and children's relationships that impact on the achievement of permanence outcomes. We argue, therefore, that predictive factors indicating strong or weak correlations for permanence and stability must be understood as a product of the distinctive policy and social contexts of different nations, regions and cultures.

The first chapter of this review provides an exploratory overview of the context of permanence and stability, outlining some definitions of the terms that frequently appear in the academic literature not alone in Ireland but internationally, while also illustrating their significance for this study. The chapter argues that the incorporation of qualitative and quantitative evidence supporting the case for and against various predictive factors significantly adds to evidence-based and evidence-informed practice in the field of outcomes for children in care, thus highlighting the applicability of this document for practice. Chapter 1 is exploratory in character; it forms the backdrop for subsequent chapters which provide

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1   For the purposes of this study, long-term foster care is defined as care required by 'children who are unlikely to be able to live with their birth family, and who, for a variety of reasons cannot be adopted' (IFCA, 2013). A comparable definition is also provided in TUSLA (2014a: 98). IFCA (2015) states that long-term care 'requires a commitment on the part of the foster family for a number of years and is usually required when it is decided by the social worker that it is unlikely the child/young person will return to live with their own family. The situation is reviewed regularly and decisions can be changed. Many children in long-term care become so much part of their foster family that they continue to live with them until their independence.'

contextual detail on children in care in Ireland and in other countries (Chapter 2) and national and international literature documenting outcomes and predictive factors (Chapter 3). Chapter 4 focuses on the phenomenon of youth ageing out of care, which is a distinctive type of outcome. It is significant to focus on this, as it is also pre-empted by other social harms and frequently leads to poor developmental outcomes for children and youth. Chapter 5 focuses on processes of measuring outcomes for children in care, outlining key messages from the literature on how best they can be measured, and how children's unique care journeys can be documented. Specifically, it identifies a number of interesting quantitative measures, described in the Irish and international literature as significant, arguing for their importance and applicability to understanding Irish care systems and young people's journeys in and out of care.
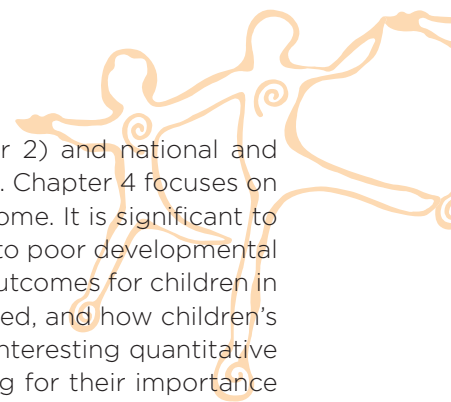
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Introduction to a Literature Review on Stability and Permanency Outcomes for Children in Care

1.1 Outcomes for Children in Care: An Exploratory Overview

Achieving good outcomes for children and families is a key priority of policymakers both in Ireland and internationally. This focus on outcomes is particularly evident in recent landmark documents such as *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020* (DCYA, 2014). The vision for children and families outlined in this framework is based upon achieving five outcomes for children: that they are active and healthy, that they achieve in all areas of learning and development, that they are safe and protected from harm, that they are economically secure, and that they are connected, respected and given opportunities to contribute to society. Comparably, the *National Children's Strategy: Our Children, Their Lives* (2000) outlines the following goals for children and young people in society: that children will have a voice, that their lives will be better understood, and that they will receive quality supports and services.

Evidence from the literature on children in care suggests, however, that the opportunities of this group to actively participate in society can be severely limited due to placement instability and various types of neglect and abuse that they often experience from childhood (see Daly and Gilligan, 2005). Moreover, studies show that there are strong correlations between factors like age at entry to care, ethnicity, and length of time spent in care in predicting permanence and stability outcomes, meaning that some children in care may have greater or lesser likelihood of reaching these five outcomes, depending on context (see Rock et al., 2013; McSherry et al., 2008). Measuring outcomes for children in care serves several important purposes for children and families and for child welfare services. These include informing care decisions, removals and dispositions, placements, reunifications, placement hearings, transitions into independent life and preventing re-abuse. This may therefore strengthen service delivery, quality and interagency collaboration, planning and targeting of services, identifying child welfare needs, retention and development of funding streams, and advancing public support for child welfare intervention (see Friedman et al., 2005). *The Literature Review for the Framework for Integrated Planning for Outcomes for Children and Families* (CAWT, 2008) outlines some of the reasons why an outcomes-focused approach is increasingly adopted by state and non-state bodies internationally:

1.   It promotes greater effectiveness of services;
2.   It provides a framework for accountability for organisations;
3.   Outcomes provide standards that can be used for improving services;
4.   Outcomes provide greater specificity (p. 9).

Devlin (2009) defines outcomes as 'expressions or enactments of purpose', writing that they can be characterised as 'hard' or 'soft'. Examples of positive 'soft' outcomes for young people and families include improved self-esteem, self-confidence and more stable relationships within families, which are sometimes more difficult to measure than 'hard' outcomes. Nevertheless, 'soft' outcomes are important for children's development. Both qualitative and quantitative evidence from the literature indicates that improved self-esteem, confidence and motivation to do well significantly enhance children's contribution to society. 'Hard' outcomes are typically more amenable to quantitative measurement, and are very significant to evidence-based and evidence-informed practice (see Bamber, 2012). The literature outlined

here combines research documenting 'hard' and 'soft' outcomes for children in care. Literature from the US states that outcomes have the following characteristics:

1.   They are clear, declarative statements of well-being;
2.   Stated in positive terms;
3.   They are developmental;
4.   Interactive and interdependent;
5.   They are measurable by indicators;
6.   Collaborative by nature;
7.   Comparable at all levels (see CAWT, 2008: 8).

Comparably, Rossi (1997) defines the outcomes of a programme, service or policy as changes, intended or not, in the target that accompany exposure to the programme or service. This implies that it is important to chart both types of outcomes for children in care – those which are intended (i.e., permanence and stability) but also any other factors that help them attain, or hinder them from attaining, the five service outcomes outlined previously. The Framework for Integrated Planning for Outcomes for Children and Families (2008) defines an outcome as:

> *An articulated expression of wellbeing in a population in a place which provides all agencies with the opportunity to contribute to that outcome with their particular programmes (CAWT, 2008: 8).*

Measuring outcomes for children in care encompasses children's-rights-based and best interest concepts and has moved away from deficit and pathology-based models. Furthermore, the literature suggests that outcome measures are most useful when they embrace the multidimensional and dynamic nature of children's development (see McTernan and Godfrey, 2006). Instruments measuring a single domain in a child's life, for example, will not capture the diversity and inherent complexity in the lives of children in care. Measures for children with more complex needs therefore require the input of multiple informants and perspectives (see Chapter 5 for more discussion on this point). Bearing this point in mind, this research monograph synthesises social scientific literature on factors affecting stability and permanence outcomes for children in care, and thereby aims to inform evidence-based practice in Ireland on outcomes for children in care. It provides a detailed, critical examination of how factors identified in the literature, including age at entry to care and other socio-economic indicators, affect permanence and stability outcomes for children in out-of-home care, as well as other factors that shape and reflect the experiences of children and young people while in care.

Significantly, this study argues for an approach to understanding indicators and outcomes of permanence and stability which marries quantitative, statistical evidence on outcomes with qualitative studies of young people's care journeys. While quantitative work draws attention to the strength of relationships between indicators and outcomes, qualitative evidence to be reviewed here shows that children's everyday experiences, and their relationships with siblings, peers, foster families and biological parents, significantly impact on the likelihood of achieving permanence and stability in living arrangements (see Biehal, 2014). Thus, the approach of this study, which blends qualitative studies of the care journeys of young people and families and quantitative statistical analyses, yields a fuller understanding of outcomes of permanence and stability. Moreover, this approach, which accords primacy to both qualitative and quantitative studies, is consistent with recent studies in Ireland and internationally on outcomes for children in care which specify the need for academics and practitioners to understand more about predictive factors for permanence and stability and young people's lived realities of care (see Gavin et al., 2011).

Social ecological perspectives and outcomes for children in care
This research adopts an approach to understanding the concepts of outcomes, permanence and stability that is grounded in ecological approaches incorporating both social and biological dimensions as applied to youth development. These approaches postulate that both extrinsic factors at the levels of policy, society and the family, and personality traits of individual young people, indelibly shape developmental outcomes for children and young people. Throughout this monograph, we focus on factors at different levels, policy-related factors, those at the level of the family, and socio-demographics of individual children, and how these affect permanence and stability outcomes (see Department of Children and Youth Affairs, 2014; Pinkerton, 2011). The literature identifies a number of risk factors for families, including alcohol and substance misuse, risk of poverty, social deprivation and mental health problems. It can be supposed that in situations where children are not exposed to these risk factors, developmental outcomes are likely to be better. Risk factors such as these can be analysed through a socio-ecological lens which recognises how the lives of children and families interconnect, and how other social factors (e.g., policy, national economic situations) affect outcomes for them.

In this monograph, we also attempt to demonstrate the value of different methodological approaches to studying outcomes (i.e., qualitative, quantitative and mixed-method approaches). This is commensurate with a socio-ecological approach. Quantitative evidence such as that provided in Chapter 3 has great merit. However, recent research emphasises that while factors like age at entering care are predictors of permanence outcomes at a descriptive level, these studies do not adequately capture other events that happen to the child prior to and during care that shape and reflect outcomes and experiences (Biehal, 2007). Quantitative work can only go so far in predicting the likelihood for children to attain permanence in care, and needs to be balanced by knowledge and an emphasis on qualitative studies of children in care that capture their experiences of being in care (see Mason and Tipper 2008).

Recent quantitative studies also note that outcomes are contextual and are frequently contingent on the interplay of factors like gender, age and ethnicity, and therefore outcomes are not reducible to just one factor (Rock et al., 2013; Biehal, 2007). Significantly, recent research also highlights that practitioners and researchers need to capture how different outcomes for children (e.g., long-term foster care, relative care) affect relationships between children, their biological parents and foster carers (Malet et al., 2014). Therefore, data on outcomes must not be overly limited to focusing on quantitative indicators for outcomes, but must also encompass some focus on qualitative dimensions of people's lived experiences. Overall, the approach to permanence and stability outcomes documented here is highly significant for academic research and for social work practice, as it offers a very comprehensive analysis of predictive factors, young people's care journeys and how different outcomes impact on family relationships, drawing from both qualitative and quantitative evidence. This is broadly in line with socio-ecological perspectives that highlight how the interplay of different factors affects different developmental outcomes. It also reflects a pluralist approach to the use of evidence as promoted by Fives et al. (2014).

1.2 Research on Outcomes for Children in Care: An Overview

In Ireland children frequently enter care due to abuse and neglect in the family home. The literature from Ireland largely corroborates international studies of factors predicting a child's entry into care, although there are some differences which may be attributable to Ireland's distinctive 'care histories' (O'Brien, 2013). This literature is detailed in the chapters that follow. Generally speaking, the research broadly indicates that poverty and dependence on social welfare, homelessness and family break-up, experience of violence in the family home, the child's mental health and the intellectual capacity of parents are predictive factors indicating a child's placement in Ireland's care system (McSherry et al., 2008). Other compounding factors identified in the Northern Irish and international literature as increasing the likelihood of entry into care include alcohol misuse, particularly by the child's biological mother, and substance misuse (Malet et al., 2010). Children in care frequently experience placement instability and

multiple moves, significant behavioural and psychological problems, education deficits, and difficulties in maintaining familial contact and social networks (Rock et al., 2013; Daly and Gilligan, 2005). Those in long-term care are more likely than other children to experience difficult transitions to independent life and to experience homelessness and poverty and other social harms in adulthood. Such findings are consistent with international and UK literature which postulates that children who experience care placements are 10 times more likely to be more excluded from school, 12 times more likely to leave with no qualifications, and 60 times more likely to become homeless later in life (see McSherry et al., 2008).

Understanding young people's care experiences: 'Aligning' foster parents' assumptions with young people's needs in care

In Ireland and internationally, research suggests that children's care placements are often disrupted and many break down because they do not meet the specific needs of the child. More recently, research argues that the assumptions and perspectives of all persons involved in the care placement (i.e., biological parents, foster parents, children, social workers) should be 'aligned' (Farmer and Dance, 2015; Stott and Gustavsson, 2010). If such an 'alignment' does not take place, there may be a mismatch in assumptions about what each person wants to achieve through the care placement, and most importantly, there may be differences in how biological parents and caregivers interpret what is in the best needs of the child, and how these needs should be prioritised in a practical sense throughout the placement (Stott and Gustavsson, 2010). Foster carers may also have unrealistic expectations about what the fostering process entails and how they will meet the needs of the child, particularly at the beginning of the fostering process. Furthermore, research suggests that children entering foster care often bring with them varying degrees of stress and trauma depending on their own family backgrounds and the types of neglect and abuse that they may have experienced prior to entering care (Van Santen, 2013). This is evidenced in both qualitative and large-scale quantitative studies. Many children struggle to adapt to their new surroundings, and to the styles of parenting (e.g., authoritarian or disciplinarian, as opposed to more relaxed parenting approaches) practised by foster carers (Vanderfaeillie et al., 2013; Blakey et al., 2012; Nixon and Halpenny, 2010). Several authors suggest that children who experienced abuse and neglect and are subsequently removed from the family home often behave as if they do not want or need new carers, which impacts on how they interact with social workers and 'negotiate' the social rules of a new family environment (see McSherry, 2008 for comparable arguments).

There is little qualitative research in Ireland on the experiences of children in care and their families. This is evidenced by Gavin et al. (2011), who observe that 'very little is known about their lives'. That said, recent research such as the Listen to Our Voices (McEvoy and Smyth, 2011) consultation with young people in state care in Ireland yields very significant data on young people's experiences in care, including their relationships with social workers (see McEvoy and Smyth, 2011, cited in TUSLA, 2014a: 42). Also, research like EPIC (2012) offers detailed insights into children's lives in care and their experiences leaving care. Recent studies from Northern Ireland and Britain further imply that children and adults negotiate different assumptions about what they should expect from care placements in everyday life, highlighting the complexity of competing discourses about what it means to be 'in care' (see Malet et al., 2014). The assumptions which are brought to bear on the fostering process by children and families are important for understanding how and why some placements are more or less stable than others. Furthermore, research illustrates that how children 'settle in' to life in a new home and family environment is contingent on a wide array of factors, such as their own experiences prior to entering care, and their relationships with foster siblings, social workers, biological family members and pets (Goodyer, 2016). Moss (2009), for example, focuses on the 'lost identities' of children in care, and the struggles that children and youth often face negotiating new identities (e.g., personal and collective identities) when they enter into new care situations. As will be shown later in this study, these qualitative observations frequently corroborate quantitative studies which imply that maintaining relationships with family members while in care may significantly influence placement stability.

Significantly, the literature also suggests that for some children, placement options tend to be more limited. Adolescents, in particular, might be placed not on the basis of their individual needs, but rather on the availability of care placements. This is consistent with international research findings which highlight that the age of a child entering care is not only indicative of their care experiences and their feelings of stability in care, but is also a significant predictor of permanence outcomes. Participation in care planning processes is also acknowledged as a significant factor in alleviating stress for children entering care and their parents (Keane, 2012; Thoburn et al., 2012). Both Irish and international research suggests that some of the most salient factors that help to manage children's anxieties during placement moves are the inclusion of children and families in decision-making processes concerning care plans; clear information and knowledge being exchanged between relevant parties; effective coordination and interagency partnership; a familiar social worker; being placed in a familiar location; and actions by care staff (and carers) that comfort, amuse and demonstrate concern for the child. This can also have significant stabilising effects on children and young people, helping them to adapt more quickly and easily to life in care.

School experiences and stability in care
School and education also can have positive, stabilising effects on the lives of children in care (Daly and Gilligan, 2005). A stable foster or residential care placement, where education is prioritised, may minimise difficulties and help children focus on educational goals and future employment prospects (Michelson and Banerjea, 2016; Pecora et al., 2003). Recent international qualitative studies with adults who were in care as children highlight that when children are placed with families who emphasised the importance of education and extra-curricular activities like music and dance, this often led to more favourable developmental outcomes for the child. Leading on from this, research also indicates that the presence of strong, stable adult figures in children's lives can significantly improve developmental outcomes for children in care. 'Other' adults like mentors, youth leaders, sports coaches and teachers whom the child encounters in everyday life and in extra-curricular activities can have deep and long-lasting effects on the child's self-esteem and their ability to forge trusting relationships with peers, siblings and caregivers (Meltzer et al., 2016; Gilligan, 1999). This highlights the importance of maintaining and forging stable and trusting relationships for enhancing placement stability.

1.3 Placement Stability Outcomes for Children in Care

A secure care experience is exceptionally important for a child's well-being, as having stable relationships and positive experiences while in care greatly enhances the likelihood of achieving permanence and good developmental outcomes for children. That said stability and instability are not easily defined. According to O'Brien (2013), instability is often associated with variables such as frequent placement moves and the length of time a child spends in care. Generally speaking, instability and the factors that perpetuate it are events, people and routines that form part of the child's lived realities and 'are associated with the child's ability to develop secure, loving and healthy relationships' (O'Brien, 2013: 1). As the corollary of 'instability', the concept of stability may be defined as the factors (social, cultural and environmental) that assist young people in developing secure, long-lasting and loving relationships with others. Stability is also a subjective experience. Children and young people might appear to have fulfilled and stable placements according to people around them (e.g., foster carers, parents of origin, siblings and social workers). But their own experiences of placements and of being in care may be very different, and it is important to capture how they think and feel about their lives in care and how they experience and interpret stability (see Goodyer, 2016; Mason and Tipper, 2008 for related arguments). *The Alternative Care Practice Handbook* (TUSLA, 2014a) uses a comparable term: placement 'disruption' (p. 63). It defines disruption as the 'premature ending of a placement of a child in care' (ibid.). Recognising the severe consequences that disruption has for children and families, TUSLA, the Child and Family Agency, produced the *Placement Disruption in Foster Care: Policy, Procedure and Guidance Document,*
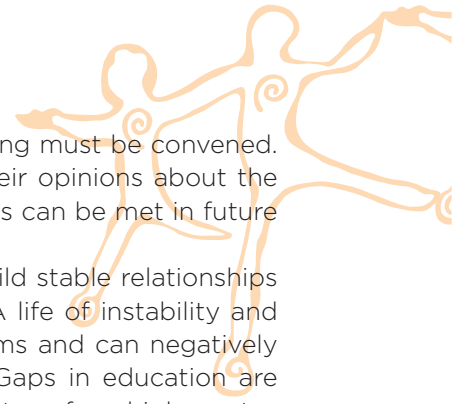
which discusses this issue. In Ireland, if a placement disruption happens, a meeting must be convened. This ensures that all persons in the placement have an opportunity to voice their opinions about the placement, what worked well, what could be improved and how the child's needs can be met in future care placements (TUSLA, 2014a: 63).

Children experiencing multiple placements are often denied opportunities to build stable relationships with caregivers, and to nurture existing ones with siblings, peers and friends. A life of instability and social disruption can increase risks of social, emotional and behavioural problems and can negatively impact on a child's self-esteem and sense of identity (McMurray et al. 2011). Gaps in education are also discernible in groups of young people in care because of frequent school transfers, higher rates of involvement in antisocial behaviour, and mental health problems (Darmody et al. 2013; Kelleher et al 2000). In turn, these factors frequently compound, leading to negative developmental outcomes in adolescence and adulthood.

Factors impacting on patterns of placement stability or instability, identified in international and Irish research, include:

- Involvement in crime and antisocial activity
- Substance misuse and mental health problems
- Low educational achievement
- Low self-esteem, and confusion over one's identity
- Family structure
- Social network disruption.

Older children, those who have been in care longer, and those who have had more exposure to abuse and neglect are frequently identified in the literature as persons who are more likely to experience greater placement disruption and breakdown as a consequence (Bromfield and Osborn, 2007). Moreover, a child's age when first placed in care is often viewed as a key predictor of length of stay in care and placement stability. Children who enter care at a younger age seem more likely to experience placement stability than those who are initially admitted into care at an older age. Instability and disruption experienced in one placement may subsequently instigate a cycle of negative behaviours which might impact further on the outcomes of future care placements.

Other factors identified in the literature that may disrupt or lead to placement breakdown include:

- Foster parent's inability to cope with a child's behaviour or complex needs
- Carers' advancing age and a reduced motivation to foster
- Foster carers who move away from the area
- A lack of financial resources
- Ill-health or bereavement.

Both qualitative and quantitative research highlights a range of emotional and physical problems experienced in residential settings as impacting on placement stability. These include turnover in care staff, coping with the unpredictable behaviours of other children, and stress, including worries about personal safety and security. Children placed in residential settings may model their behaviour on others, which may reinforce or instigate aggressive tendencies or even violence. Grouping together young people who are deemed to be 'at risk' also may limit exposure to positive role models and opportunities to develop pro-social skills and attitudes. That said, a certain degree of mirroring or copying behaviours may also be discernible among children in long-term foster care, and this may also carry positive or negative connotations.

Service-level factors and outcomes for children in care
Recent research indicates that service environment factors can destabilise foster care placements (e.g., practices of 'matching' children and foster parents who are incompatible and cannot live together for a wide variety of reasons. In some cases, temporary placements are used while child welfare workers source more permanent placements, which can lead to instability in the child's life (Brown and Ward, 2013; Chamberlain et al., 2006). In some cases, too many children may be placed in the one home, which leads to tensions between foster siblings. The number of moves frequently experienced by children in care is identified internationally as a significant destabilising factor in a young person's life (O'Brien, 2013; Rock et al., 2013). There may be pressures to reunite siblings in care or to move children into relative care prior to settling them into a permanent arrangement. This can lead to a whole range of stressors for the child, their family and the social work team. At policy level, other destabilising factors may include:

- Failure to adequately inform, train and support foster carers
- Poor caseworker–foster carer relationships and contact
- Caseworker turnover and poor communication between child welfare agencies and foster carers.

In addition, planned moves during important early periods when children are adjusting to out-of-home care can impact negatively on their well-being. Both quantitative and qualitative evidence shows that child welfare systems need to identify children who require various types of professional help earlier and to target resources more effectively, so that placement moves are less likely. This refers to children who exhibit signs of experiencing mild emotional or behavioural difficulties and to children who may have a physical or intellectual disability (McDermid et al 2015). A multidisciplinary approach may promote effective collaboration and minimise overlap, according to several studies.

1.4 Permanency Outcomes for Children in Care

International research documenting the impacts of long-term and multiple care placements on developmental outcomes of children led to the prioritisation of permanency in child welfare practice and research (see Biehal, 2014). In many countries, permanent solutions are accomplished, in the first instance, by returning children to their biological families or, saving that, locating adoptive families or long-term guardian or relative care. In Ireland, long-term foster care is often pursued as a permanency outcome, although the developmental outcomes for children and young people in long-term foster placements are debated internationally.

International evidence suggests that temporary placements should be short and kept to a minimum, after which a child returns home or, if required, exits to substitute or long-term care, which may end up being permanent. In policy and practice terms, delivering 'permanency' requires putting in place speedier decision-making processes, effective planning procedures and preventative support interventions. A core aim is to create stability in a child's life so that they can rebuild and maintain long-lasting, nurturing and loving relationships with foster carers and biological family members, when this is deemed to be in the best interests of the child.

However, research also suggests that the pursuit of permanency, while well-meaning, remains an elusive goal for many children in care. Studies report that despite the prioritisation of permanency in child welfare, a high proportion of children in care experience transient lives, moving from one placement to the next. Frey et al. (2008) suggest that a key issue in achieving permanence for children in care is the level of emotional security felt by children and young people, including the factors that help and hinder how they build secure emotional attachments to foster carers. Child welfare policies anchored in achieving permanency also may result in frequent moves and placement instability, according to some authors. Research suggests that prioritising reunification, relative care and guardianship as core policy objectives may have reduced the appeal of long-term foster care as an option for many abused and
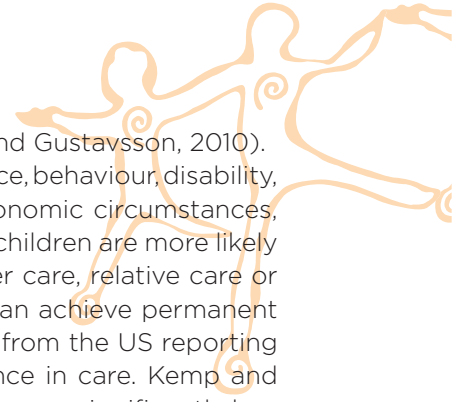
neglected children, at least in some jurisdictions (Christiansen et al., 2013; Stott and Gustavsson, 2010). Important factors predicting permanency for children in care include age on entry, race, behaviour, disability, mental health, reason for out-of-home placement, family structure and socioeconomic circumstances, child welfare policy environments and supports. Evidence suggests that younger children are more likely than older children to achieve permanence goals, either through long-term foster care, relative care or reunification. Adolescents entering care are far more likely to age out of care than achieve permanent placements. Internationally, however, the situation is more complex, with studies from the US reporting that race and ethnicity significantly affect the likelihood of achieving permanence in care. Kemp and Bodonyi (2000) report that African-American children placed in care during infancy are significantly less likely than Caucasian children to achieve permanence in care. Studies also indicate a strong correlation between time spent in care, placement stability, parental contact with children while they are in care, and the availability of support for families (particularly recovery and rehabilitation interventions for parents with alcohol or drug-addiction problems) as increasing the likelihood of reunification. Interventions to help change and manage behaviour and cases where the returned child and their parents had strong support networks are highlighted as important in the reunification process (Biehal, 2007).

Much international research focuses on reunification because of its primacy as a permanence outcome in other countries. That said, studies of children in care in Ireland, such as Listen to Our Voices (McEvoy and Smyth 2011), found that many children and young people dream of returning to 'normal' family life with their families of origin (see also McEvoy and Smyth, 2011, cited in TUSLA, 2014a: 79). Much research from Britain and Northern Ireland focuses on the process of reunification, highlighting that it is not straightforward (see Farmer, 2014). Important lessons can also be drawn from this and applied to the Irish experience. Firstly, in cases where children return to their parents, it must not be assumed that this will result in better developmental outcomes (see Kiraly and Humphreys, 2016). Secondly, relationships between parents of origin, children and foster parents are important for shaping outcomes for permanence and stability. Indeed, Northern Irish literature suggests that when children maintain good relationships with parents of origin, this often contributes to permanence outcomes for children and young people, and may also improve young people's self-esteem and behaviours (McSherry et al., 2008). However, Kiraly and Humphreys (2016) are more critical of this approach; their study from Australia shows that maintaining contact with families of origin can have negative consequences for child well-being, particularly in cases where families are affected by alcohol dependency and drug abuse, for example.

Internationally, research suggests that reunification is more likely to be successful when child welfare services, service agencies and other appropriate practitioners are involved in monitoring and supporting children and families throughout the reunification. This highlights the importance of relationships between children, foster families and parents of origin (see Salas-Martinez et al., 2014). It should also be noted that in some instances, it is not in the best interests of the child to return to the family home and live with biological parents, siblings or other caregivers (Kiraly and Humphreys, 2016). Several studies call for effective and comprehensive evaluation of the abuse and neglect problems that instigate removal from the family home in the first place, saying that this must be undertaken prior to reunification or foster care allocation, to ensure that risks to the child's well-being are minimised or removed altogether. In addition, follow-up work relating to the child's health, well-being and school participation must be completed in order to ensure that the best interests of the child are prioritised.

1.5 Outcomes for Children Ageing Out of Care

A substantial corpus of literature indicates that in some cases, youth ageing out-of-care are more likely to experience unemployment and homelessness, poverty and social exclusion, offending behaviour and incarceration, victimisation, early pregnancy, substance misuse, and physical and mental health problems. Youth exiting care are a particularly vulnerable group due to their history of abuse and trauma before

entering care, placement disruption and multiple moves they might have experienced while in care, low levels of educational qualification, and the stressors associated with leaving care to live independently. In addition, youth with disabilities are far more likely than other young people exiting care to have low educational qualifications, to be unemployed, and to have decreased capacity for self-sufficiency in adulthood (see Crettenden et al, 2014).

Research shows that transitioning out of care to independent living is an emotionally difficult time for young people (EPIC, 2012). Foster care disrupts relationships with biological parents, friends, peers and extended families (McMahon and Curtin, 2013). Children in care, particularly those who experience placement instability, often exit care without familial care and the supports provided by adults they have known for long periods of time (EPIC, 2012). Poverty also is a key factor determining involvement in child welfare systems. Once youth transition from care into adulthood, a sudden loss of support in areas like housing, finance, health, education and other services produces a range of socioeconomic challenges. These are problems that other young people in society do not often face (Pinkerton and Collins, 2008). Both qualitative and quantitative research indicates the importance of foster youth maintaining their relationships with families of origin (including extended family members), who often provide important sources of informal and emotional supports, particularly during the transition process (Christiansen et al., 2010; Avery and Freundlich, 2009; McCoy et al., 2008). Relationships with foster families, care and non-care peers, and adult mentors also are identified in the research as important sources of informal support for youth leaving care. However, in some cases, maintaining contact with families of origin and peer networks may not be in the best interests of the child. Child welfare agencies and other transition services should collaborate with caregivers in areas like training and support, and preparing youth in out-of-home care for independent living, according to several studies. A secure foster home helps youth establish lasting relationships with caregivers and solid connections in their community. Placement stability and a sense of belonging and connectedness to carers, when combined with social support and positive contact with one's biological family, were reported as contributing to positive outcomes in adulthood (see Daining and DePanfilis, 2007). Studies also indicate that foster parents who supported and were involved (at home) in children's education predicted academic achievement for children in care later in life. Indeed, stable care placements – foster and residential – where education is prioritised are identified as considerably enhancing foster youth's life chances (Daly and Gilligan, 2005; Martin and Jackson, 2002).

Both qualitative and quantitative evidence shows that youth leaving care require both the guidance of committed adults or professionals and the supports of integrated services (see TUSLA, 2014a). Several authors argue that child welfare policy should support the provision of services to youth exiting care well beyond the age of 18 (McCoy et al., 2008). Youth who exit care at a later age were found to have better outcomes in adulthood. Studies suggest that youth with behaviour problems, in particular, were more likely to leave care early and to forgo the assistance and services that child care systems provide (ibid.). Research found that many youth leave care prematurely because they are frustrated with available service provision. Several authors have argued that youth and young adults should have greater involvement in planning and managing their exit from care (see EPIC, 2014; Keenaghan and Roche, 2006 for similar arguments).
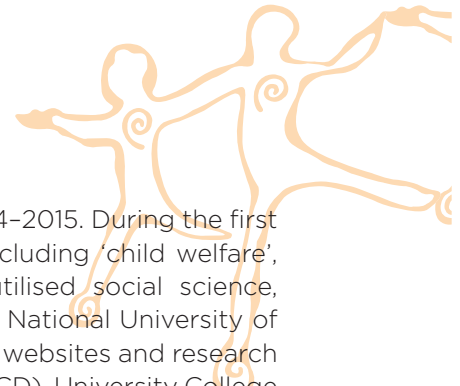
1.6 Methodological Approach

This literature review was executed in two phases over a five-month period in 2014–2015. During the first phase, a comprehensive literature search was completed using search terms including 'child welfare', 'permanency', 'placement', 'stability' and 'well-being'. Primarily, this search utilised social science, academic databases available through the James Hardiman Library (JHL) at the National University of Ireland, Galway. The search also included publications retrieved from government websites and research institutes at other Irish and international universities (e.g., Trinity College Dublin (TCD), University College Dublin (UCD), York University, and Chapin Hall Centre for Children at the University of Chicago). Other academic sources were accessed for relevant research and literature that were not uncovered in initial searches.

Literature search phase I
During phase I of the research we applied some of the key principles that inform systematic reviewing approaches. A dense corpus of literature around systematic review methods was accessed during phases I and II. Particular attention was paid to the concept of quality in systematic reviews during the literature search, ensuring that all material accessed was relevant and of a quality fit for publication in high-ranking, peer-reviewed academic journals. Other principles of systematic reviewing were adhered to: there was a highly focused question, methods for literature searching were made explicit, and there were highly explicit methods of synthesis and appraisal. This was in line with recommendations on conducting systematic reviews from multiple publications on systematic reviewing techniques accessed during phase I.[2] Given that a core purpose of this document is to inform practice on outcomes for children in care, however, it was deemed more appropriate to complete a scoping document on the topic, rather than a full-scale systematic review on outcomes for permanence and stability.

Phase I of the review also used the predetermined search terms outlined above in multiple combinations, to identify appropriate research literature and thus minimise the potential for selection bias. In completing a review of Irish literature and research evidence on outcomes for children in care, all relevant sources uncovered in searches were assessed for inclusion in the review. Some of the main factors that determined this included the quality of the report or research article, its relevance to the research question, and the bibliometric ranking of the journal. With regard to international literature and research on outcomes for children in care, only sources published after 2005 were included in phase I, owing to the volume of material available.

Literature search phase II
Phase II of the literature search was conducted between March and June 2015. During this phase, all of the main databases available through the JHL with research articles on children in care were accessed. National newspapers and other resources were also focused upon, such as publications from the Central Statistics Office (CSO) and additional reports produced by government sources.

Some of the principal search terms used in both phases included:

- Children in care and Ireland; outcomes and children in care in Ireland
- Permanent outcomes and children in care
- Permanency and child welfare outcomes
- Foster care and placement stability or instability
- Well-being and children in care or leaving care

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2   A comprehensive corpus of documents on systematic reviewing was accessed during phases I and II. Examples of studies accessed include Dixon-Woods (2014) and Centre for Reviews and Dissemination, York University (2009).

- Children in care and leaving, exiting, or ageing out of (or from) care
- Transition and children or youth in care
- Measures and assessment or outcomes for children in care.

Materials accessed in the review were coded in accordance with emerging themes; for example: permanency, placement stability, leaving care and child factors, family factors, service environment factors, foster or residential care factors. This coding took place during phases I and II. Owing to the large amount of source material retrieved, it was decided to use the Nvivo research software package to manage coded data. Two researchers assessed emerging themes and categories to select those most appropriate for further analysis and inclusion in this work.

The inclusion criteria for searches in phases I and II are documented below:

- **Irish literature on outcomes for children in care: inclusion criteria** – Relevant studies or evaluations on outcomes for children in out-of-home care (foster, kinship or relative, residential care).
- **Outcomes for children in care: international literature inclusion criteria** – controlled experimental, quasi-experimental studies relating to children in care (using quantitative, qualitative or mixed-methods forms of data collection) and multi-factorial analysis of predictive factors for outcomes.
- Research on interventions and services in state-supported foster, kinship or relative care in the first instance and thereafter residential care.
- Eligible studies must analyse outcomes for children in care, particularly in the permanency, placement stability and well-being domains (or where outcomes were achieved), which can include the following primary outcomes:
  o Indicators and factors predicting permanency; breakdown, re-entry to care, re-abuse, poverty, social deprivation, ethnicity, age, gender
  o Indicators and factors predicting placement stability; breakdown, re-entry to care, re-abuse, poverty, social deprivation, ethnicity, age, gender
  o Behaviour, health and development – behaviour problems, mental health substance misuse
  o Educational attainment
  o Young people's access to services.

This literature search was subsequently updated in May 2016. This was done to source relevant literature published from June to December 2015 and to include updates from the literature from January to May 2016. This further strengthens the validity and comprehensiveness of the review.

1.7   Chapter Summary

A stable and secure care experience is important, as children develop relationships and attachment to foster carers, according to research. Children experiencing multiple placements are often denied opportunities to build relationships with caregivers, continue friendship networks, and avail of community and educational and health services. A disrupted life can increase risk of social, emotional and behaviour problems and can negatively impact on a child's self-esteem and sense of identity. Gaps in education because of frequent school transfers, higher rates of involvement in antisocial behaviour, and mental health problems often can lead to reduced life chances in adulthood.

Factors impacting on placement instability identified in research include:

- Involvement in crime and antisocial activity
- Substance misuse and mental health problems
- Low educational achievement
- Low self-esteem, and confusion over one's identity
- Family structure and social network disruption.

Older children, those who have been in care longer, and those who have had more exposure to abuse and neglect are likely to experience greater placement disruption and breakdown as a consequence. Moreover, a child's age when care placement occurs is a key predictor of length of stay in care and placement stability. Children who experience stable foster care placements are those who entered care at a younger age. In addition, instability and disruption in one placement may instigate a cycle of negative behaviours impacting on further placements.

Other factors that may disrupt or terminate placements include:

- Foster parents' inability to cope with a child's behaviour or complex needs
- Carers' advancing age and a reduced motivation to foster
- Foster carers who move away from the area
- A lack of resources, ill-health or bereavement.

Carers may have unrealistic expectations of fostering and of the child, and, in particular, low levels of fostering experience, training and support. In addition, research suggests that children entering foster care often bring with them varying degrees of stress and trauma. Many struggle to adapt to their new surroundings, and to the style of parenting (e.g., authoritarian and disciplinarian) practised by carers. Several authors suggest that children who experienced abuse and neglect and removal from the family home often behave as if they do not want or need new carers.

Research indicates that foster carers who are emotionally involved in the life of children in their care, and who provided supportive relationships, have been found to offer greater placement stability and fewer breakdowns. Much research also suggests that foster carer support, including respite and intensive fostering interventions, is important in efforts to increase caregiver capacity to manage difficult placements and cope with problem behaviours. Studies highlight good practice as including targeted selection and recruitment, intensive training and support (see Dorsey et al., 2008). Implicit in foster care training is the need for carers to understand the impacts of abuse and neglect on children; training should enable foster carers to respond appropriately and sensitively to children's emotional and behavioural problems.

Research highlights a range of emotional and physical problems experienced specifically in residential settings as impacting on placement stability. These include turnover in care staff, coping with the unpredictable behaviours of other children, and stress accompanying safety and security worries. Children placed in residential settings may model their behaviour on others and thereby have aggressive tendencies reinforced. Grouping together at-risk young people also may limit exposure to positive role models and opportunities to develop pro-social skills and attitudes.

Research links service environment factors that destabilise care placements as including matching incompatible children and foster parents; using temporary placements while child welfare workers source more permanent placements; placing too many children in one home; and other moves – for example, joining siblings or moving children into relative care – that happen before permanent arrangements can be made. Other factors may include:

- Failure to adequately inform, train and support foster carers
- Poor caseworker–foster carer relationships and contact
- Caseworker turnover and poor communication between child welfare agencies and foster carers.

In addition, planned moves during important early periods when children are adjusting to out-of-home care can impact negatively on their well-being. Research argues that child welfare systems must identify children needing professional help earlier and target resources more effectively so that placement moves are less likely. A multidisciplinary approach may promote effective collaboration and minimise overlap, according to several studies.

Research indicates that youth ageing out-of-care are more likely to experience unemployment and homelessness, poverty and social exclusion, offending behaviour and incarceration, victimisation, early pregnancy, substance misuse, and physical and mental health problems. Youth exiting care are particularly vulnerable due to their history of abuse and trauma before entering care, placement disruption and multiple moves while in care, low levels of educational qualification, and the stressors associated with leaving care to live independently. In addition, youth with disabilities, who are greatly over-represented in child welfare systems, are far more likely than other children exiting care to have low educational qualifications, to be unemployed, and to have less capacity for self-sufficiency in adulthood.

Research indicates that transitioning to adulthood for youth exiting care is far removed from the emerging and prolonged process common for most youth. Foster care disrupts relationships with biological parents and extended families. Children in care, particularly those who experience placement instability, may often exit care without familial care and the support frequently provided by adults they have known for long periods of time. Poverty also is a key factor determining involvement in child welfare systems. A sudden loss of support (housing, financial, health, education and other services) once youth transition from care into adulthood produces a range of socioeconomic challenges, problems that other young people in society are not expected to face.

Much research suggests that child welfare services should help foster youth to maintain relationships with biological families (including extended family members), who are identified as important sources of informal support, and especially during the transition process. Relationships with foster families, care and non-care peers, and adult mentors are also identified in research as important sources of informal support for youth leaving care. Child welfare agencies and other transition services should collaborate with caregivers, for example through training and support, in preparing youth in out-of-home care for independent life, according to several studies.

A secure foster home helps youth to establish lasting relationships with caregivers and solid connections in their community. Placement stability and a sense of belonging and connectedness to carers, when combined with social support and positive contact with one's biological family, were reported as contributing to positive outcomes in adulthood. Studies also indicate that foster parents who supported and were involved (at home) in children's education predicted academic achievement in foster youth. Indeed, stable care placements – foster and residential – where education is prioritised are identified as considerably enhancing foster youth's life chances.

Much research argues that youth leaving care require both the guidance of committed adults or professionals and the support of integrated services. Several authors argue that child welfare policy should support the provision of services to youth exiting care well beyond the age of 18. Youth who exit care at a later age were found to have better outcomes in adulthood. Studies indicate that youth with behaviour problems in particular were more likely to leave care early and to forgo the assistance and services that child care systems provide. Research found that many youth leave care prematurely because they are frustrated with available service provision, and several authors have argued that youth and young adults should have greater involvement in planning and managing their exit from care.

2.0
Children in Care in Ireland: Mapping the Context

2.1 Introduction

Out-of-home care options for children deemed to be 'at risk' in Ireland include foster care, care by relatives, residential care and adoption. Children enter care for numerous reasons, including the death of a parent or caregiver, or mental illness or addiction problems of caregivers, which renders them unable to look after their child or children effectively.[3] Children deemed to be at risk may have experienced or are being subjected to assaults, ill-treatment, sexual abuse or neglect. Their health, well-being and development are determined to have been or expected to be impaired if they stay in the family home (Coulter, 2013). This chapter maps some of the most significant policy developments in Ireland and internationally in the area of child welfare and children in care, documenting statistics on children in care in Ireland. These are married with Irish and international research perspectives on children in care. In Chapter 2, we focus on literature from the Republic of Ireland. We refer to literature from Northern Ireland throughout Chapter 3, as it constitutes a different jurisdiction.

In Ireland, research has been completed on children in care, especially more recently, and substantial emphasis is accorded to mapping qualitative aspects of young people's experiences of being in care, including their social networks, relationships with parents or caregivers and peers, the role of other adults in their lives and their experiences of care planning (see EPIC, 2014; Darmody et al., 2013; McMahon and Curtin, 2013). In Northern Irish and British contexts too, recent literature has looked at multiple actors' perspectives on care systems (social workers, parents, and children) and the importance of capturing different 'care narratives', which are important for the effective planning of care systems (see McSherry et al., 2008). Research emphasis has also been accorded to children and young people leaving care and how they negotiate the process of 'transitioning' to new services (Pinkerton, 2011).

Numerous definitions of terms such as foster care, relative or kinship care and adoption exist in the literature.[4] Throughout this chapter, definitions of these terms advanced in up-to-date literature on children in care are outlined. While the Irish context on caregiving contrasts in some ways with international experiences, substantial comparisons exist, some of which are outlined here.

2.2 Children in Care in Ireland: An Overview

In September 2014, 6,470 children were in state care in Ireland, a 22% increase from the 5,060 reported in 2004 (Department of Health, 2014). More recent national figures by TUSLA from March 2015 suggest that 6,403 children were in care in Ireland in March 2015, almost a quarter of them in western counties (1,503). Children entering care in Ireland tend to stay for extended periods (Department of Health, 2014; Gilligan, 2000). In 2013, for instance, 38% (2,458) of children were in care for five years or more, 43% (2,782) were in care for 1–5 years, and 19% (1,229) were in care for less than one year (Department of Health, 2014). Similarly, Daly and Gilligan (2005) quote figures stating that 31.1% of all children in state care in 2002 spent less than one year in care of the state. However, 39% were in care for 1–5 years and

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3   See DCYA (2015) 'Why do children come into care?' (webpage downloaded via http://www.dcya.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren_In_Care%2FChildreninCareComingIntoCare.htm&mn=chik&nID=2, last accessed 16 June 2015).

4   For concise definitions of these terms, please see TUSLA (2014a).

29.5% were in care for more than five years (Department of Health and Children, 2002, cited in Daly and Gilligan, 2005: 3). This corresponds strongly to Daly and Gilligan (2005: viii), who say that 'long-term foster care is one of the features of the Irish care system'.

Irish statistics on children in care appear to echo international trends generally, particularly on the length of time many young people spend in care. Indeed, Irish statistics underline that there is a tendency for some young people to 'drift' in care. Internationally, there are discernible differences in the lengths of time young people spend in care. For example, statistics from the US show decreases in the percentages of young people spending two years or more in care since 2002.[5] In 2002, 41.8% of children in care spent two years or more in the care system, but this figure decreased to 28% by 2013. That said, the number of young people in care for 1–2 years rose by approximately 4% for the same time period (from 20% to 24% approximately) (cf. Lloyd and Barth (2011) for comparable arguments about the US care system). Generally speaking, in Ireland, research indicates that there are no significant gender differences among children in the Irish care system (Daly and Gilligan, 2005). Out of a total of 6,469 children in care in 2013, 50.4% were male and 49.6% were female (Department of Health, 2014). Children in residential or secure care settings often tend to be older adolescents, who may have experienced multiple placement breakdowns and behavioural problems throughout their childhoods (Gilligan, 2000). This appears to echo some international research studies, which also show weak correlations between gender and outcomes for permanence and stability.

Similar to international developments in child welfare policy and practice, there has been a decisive shift away from institutional, residential type care towards foster care arrangements in Ireland (Munro and Gilligan, 2013; Clarke and Eustace, 2010). Ireland now has one of highest rates of family-based care placements globally (Munro and Gilligan, 2013). At the end of April 2015, TUSLA reported that there were approximately 6,420 children in care in the Irish state and 93% of them (5,959) were in foster care.[6] In September 2014, 93% of children in care in Ireland lived in foster care placements, which encompass both relative and non-relative care arrangements (see Table 1).

Table 1: Number and Percentage of Children in Care by Care Type in September 2014

CARE TYPE	NUMBER	PERCENTAGE
General Foster Care	4,128	64%
Relative Foster Care	1,878	29%
Residential Care (general)	324	5%
Special Care (residential)	17	0.3%
Secure Care (residential)	6	0.1%
Other Care Placements	117	2%

(TUSLA, 2014b)

5   For more detail and statistics on children in out-of-home care in the US, please see http://aspe.hhs.gov/

6   DCYA (n.d.) 'Foster care' (webpage downloaded via http://www.dcya.gov.ie/viewdoc.asp?fn=/documents/Children_In_Care/FosterCare.htm; last accessed 16 May 2016).

This emphasis on foster care as a care option in Ireland echoes research findings from other jurisdictions like the UK, which show that the majority of looked-after children (75%) are also in foster care (see Harker and Heath, 2014). That said there are substantial differences between the UK and Irish care systems. In the UK, for example, there is much greater emphasis on adoption as a viable care arrangement. Recent figures from the US suggest that the number of children entering foster care has decreased sharply. From 2002 to 2013, the number of children in foster care decreased by 23% from 524,000 to 402,000. Over 200,000 children have exited care every year in the US since 2002 (ASPE, 2014).
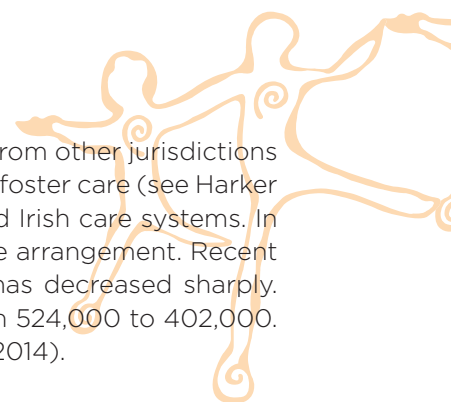
O'Brien (1997) provides a historical overview of shifts in preferences for care types in Ireland (e.g., preferences for residential care and foster care), and traces historical factors that impacted on the rise in relative foster care in Ireland. According to O'Brien (1997), this occurred as a result of 'a changing understanding of children's needs in terms of their identity, attachment, need for family-based experience, an in general the negative effects of institutional care' (p. 5). O'Brien (2014) argues that Irish care systems are more paternalistic, and are therefore more oriented towards reunification and preservation of family structures, compared to US and UK contexts.

The HSE says that placement stability is exceptionally important for understanding the success of long-term care outcomes for children and families. However, in 2012, it estimated that 2.7% of children experienced three placements in the first 12 months. This is much lower than the UK figure of 11% for the corresponding time period, which might suggest that care placements in Ireland are more stable than elsewhere.[7] Citing the *HSE Review of Adequacy 2011*, O'Brien (2013) states that in 2011 172 children from a total population of 5,965 experienced three placement moves or more in the first three months of entering care. This suggests that the majority of children entering care systems in Ireland experience some degree of placement stability. However, from these figures a small number of children are still susceptible to higher levels of instability, most likely due to family circumstances like poverty, substance misuse, mental illness and behavioural problems prior to entering care. There may also be substantial differences in statistics indicating placement stability or instability in care and children's lived experiences.

That said, internationally, many care systems increasingly favour adoption over long-term care options (e.g., long-term foster care) (McSherry et al., 2015). Triseliotis (2002) argues that adoption often provides higher levels of emotional security compared to long-term foster care. However, both children in adoptive families and in long-term foster care arrangements develop deeply-seated emotional attachments to foster carers, adoptive carers and siblings. This chapter outlines the broad context of children entering care in Ireland and reviews literature on outcomes for children in care, including research on outcomes for permanence and stability and predictive factors.

Policy and legislative developments and children's pathways into care

The needs and rights of all children are acknowledged in numerous legislative and policy initiatives in Ireland, particularly those which emerged over the past decade. These legislative developments are noteworthy, as they are part of the social ecology of all young people in Ireland, including children in care. The social ecology concept refers to all of the factors that are extrinsic to the child that affect their life chances, including policies (economic and social), parental factors (e.g., relationships, substance misuse, financial or economic security), school environment (teachers, friends, peer relationships) and 'other' adults (mentors, youth leaders) (see Pinkerton, 2011). These factors interrelate, thereby affecting outcomes for children and families.

7   Please see: http://www.dcya.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren_In_Care%2FChildreninCareWhatHappens.htm&mn=chin&nID=5

Importantly, legislative and policy developments over the past two decades have led to the identification of high-level outcomes for children and family services.[8] The Child Care Act (1991) and its subsequent amendments, for example, place a statutory duty on child welfare services to promote children's welfare, particularly those who are not receiving adequate care and protection (Department of Health and Children, 2001). The Act emphasises that while having due regard to rights and duties of parents, services should regard the welfare of the child as paramount and consider the wishes of the child in decisions affecting their well-being, as is appropriate to age and understanding (Department of Health and Children, 2001). The Act legally endorses relative care and empowers health services (in section 45) to assist youth exiting care up to the age of 21 (or until their education comes to an end) (Munro and Gilligan, 2013; Gilligan, 2008).

Ireland's ratification in 1992 of the *UN Convention on the Rights of the Child* (UNCRC, 1989) obliges the State to protect children and promote their rights and interests (Dolan and Kennan, 2016). The Convention charges the State with providing adequate care to children when parents or guardians fail to do so, and to take account of the child's opinion in any matters that affect them (Department of Health and Children, 2001). The Convention recognises the critical role of families in the lives of children and recommends that they be afforded the necessary protection and support to fulfil their responsibilities to children (Department of Health and Children, 2001). The Children's Act 2001 places additional responsibilities on child welfare services for children whose behaviour poses potential risk to their health or places them in danger (Department of Health and Children, 2001). The Act obliges health services to provide accommodation (other than special care units) for children under special care orders, including specialised fostering.

The adoption of a 'whole child' perspective in children's services, as expressed in the *National Children's Strategy* (2000), encourages positive, strengths-based and inclusive responses in child welfare and protection wherever possible. The adoption of the 'whole child' perspective in policy is very significant: it recognises the capacity of young people to shape their own lives, and it identifies the interlinking factors that shape and reflect child development and the informal and formal supports that are significant in children's lives (Kennan et al., 2011). Public policy contributions[9] since 2000 have endorsed the need for children's services to consider not only a particular welfare and protection issue or report but the wider context of the child and their family (CAWT, 2008; Department of Health and Children, 2007). This broader focus on children's lives acknowledges what McTernan and Godfrey (2006, cited in CAWT, 2008: 8) say is the 'multidimensional' nature of children's lives and their everyday support networks. If problems arise, children may require support from more than one service or agency. This multidimensional perspective on the rights and needs of children is also acknowledged in international literature on children in care (Kraus et al., 2015).

In the pursuit of better outcomes for children, services 'need to recognise that not only do children need active support but that children are themselves resilient active participants in their own lives and the lives of those caring for them' (Department of Health and Children, 2007: 12). According to recent policy, as part of a 'whole systems approach', agencies must respond flexibly and employ effective partnership processes in addressing the needs of children and families (OMCYA, 2007). According to the *Agenda for Children Services Policy Handbook* (2007), achieving a whole system delivery requires 'new interdepartmental, cross-agency and multidisciplinary ways of working' (OMCYA, 2007: 13).

8   Please see TUSLA (2014a) for more detail on legislative developments relating to children in care and families in Ireland.

9   See, for example, Framework for Integrated Planning for Outcomes for Children and Families (2008) and the Agenda for Children Services Policy Handbook (2007).
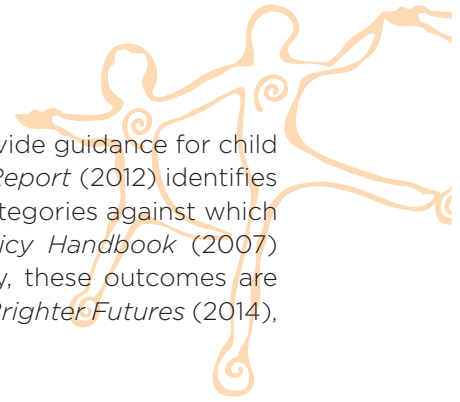
Policy and service initiatives have articulated high-level outcomes in order to provide guidance for child and family services to work too. For example, the *State of the Nation's Children Report* (2012) identifies health, education, and social, emotional and behavioural outcomes as primary categories against which programmes are assessed. In addition, the *Agenda for Children Services Policy Handbook* (2007) identifies seven National Service Outcomes for Children in Ireland. Significantly, these outcomes are echoed in the five national outcomes for children contained in *Better Outcomes, Brighter Futures* (2014), which are that children:

- achieve in all areas of development
- are active and healthy
- are economically secure
- are safe and protected from harm
- are connected, respected and contributing (DCYA, 2014).

2.3   Children in Care in Ireland: Research Perspectives

There is an increasing corpus of research on the lives of children in care in Ireland. Clarke and Eustace (2010: iv) point out that while a number of studies of youth justice interventions are available, research and evaluation has not been 'a feature of the care system' in Ireland (Buckley et al., 2013). Gilligan (2009: 288) also reports that up until 2008 there was 'no data collected or published on the educational attainments of children in state care in the Republic of Ireland'. According to Clarke and Eustace (2010), some Irish research on children in care tends to have small sample sizes, and it is therefore difficult to draw definitive conclusions on how experiences in care or care services impact on children's lives (p. vii). There are significant advantages to drawing on case-study and small-scale research approaches which document young people's care experiences, revealing how factors that are sometimes 'hidden' in macro longitudinal studies impact on children's lives. The combination of small-scale and large-scale studies in this document highlights the interaction between macro and micro-level factors that impact on outcomes for children and youth and how young people interpret everyday experiences of being in care. Clarke and Eustace (2010) also recommend that Ireland's child welfare system adopt a strategic approach to research and policy planning: one that is centred on establishing how children's services can best meet the needs of children in care. This requires research and evaluation that identifies the contributing factors that predict entry into care, standardises protocols for care placement planning, and clarifies outcomes for children who experience out-of-home care (Clarke and Eustace, 2010; Buckley, 2003).

This is commensurate with recent research and policy on outcomes in Ireland, which calls for more evidence-based and evidence-informed approaches to policymaking in the area of child welfare. For Buckley et al. (2013: 6), Ireland's child welfare and protection policies and practice must be 'informed by sound knowledge about the causes of maltreatment, the contexts in which it occurs and the evidence of "what works"'. As well as aiming to improve outcomes for at-risk children and their families, evidence-informed policy and practice are driven by a need for greater transparency, accountability and cost-effectiveness (Buckley et al., 2013). They also represent a welcome shift in focus away from continually reacting to cases 'that have gone wrong, to a perspective that seeks to find out what "goes right"' (Buckley et al., 2013: 6). This shift from reactive approaches to policymaking in the area of child welfare towards a more interventionist, proactive and prevention-based approach is a significant step forward, precipitated to a degree by a widespread recognition of state failures to deal effectively with child abuse in the past, as evidenced in State inquiries including the Ryan Report (2009).

Coulter (2013) points out that most children who enter care in Ireland do so primarily because of parental neglect (both emotional and physical), with problems of alcohol and substance misuse acting as compounding factors (Munro and Gilligan, 2013; Buckley, 2003). Studies also indicate that income poverty and dependence on social welfare, homelessness, and family break-up, experience of violence

in the family home, and mental health and intellectual capacity among parents are predictive factors for placement in Ireland's care system (Coulter, 2013; McNicholas et al., 2011; Buckley, 2003; Gilligan, 2000; Kelleher et al., 2000; English, 1998, cited in Buckley, 2003). This echoes international research, much of which indicates strong correlations between these factors and children's placement in state and out-of-home care. McSherry et al. (2008), for example, comment that in Northern Ireland, 76% of children in care aged five years old or younger in 2000 were from families who had a history of alcohol abuse and domestic violence; 63% of children in care had a parent with mental illness (i.e., at least one parent suffered from a mental illness); 54% were from lone parent households; and 23% of children exhibited behavioural problems (p. 8).

Similarly, Coulter's (2013) study of child care law proceedings in Ireland reports that 12% of cases studied involved parental mental illness or intellectual disability (often linked to alcohol or substance misuse). In a significant number of the cases (50%), parents were single, parenting alone because of separation or because their partner was incarcerated or had died.

Outcomes and experiences of children in care in Ireland
In line with official statistics, research indicates that at-risk children are likely to remain for extended periods in the Irish care system (McNicholas et al., 2011; Daly and Gilligan, 2005). McNicholas et al.'s (2011) analysis of 174 children in residential and foster care in the Dublin region, for example, indicates that most were likely to remain for long periods in the care of the state (on average three years or more). Similarly, Daly and Gilligan's (2005) study of foster care found that 58% of children in their study had spent over seven years in care. In O'Brien's (2002) study of relative care in the mid-1990s, 39% of children had spent over three years in care. Research also indicates that while children are in care in Ireland, they are likely to experience placement instability and multiple moves, significant behavioural and psychological problems, education deficits, and difficulties in maintaining familial contact and social networks (McMahon and Curtin, 2013; McNicholas et al., 2011; O'Brien, 2002; Gilligan, 2000; Kelleher et al., 2000). This is despite a burgeoning international research literature which suggests that maintaining contacts with friends, peers and family is highly beneficial for a child or young person while in care, enabling them to maintain a sense of identity and connection with positive life experiences prior to entering care. Similarly, international research suggests that the longer a child spends in care, the lower the likelihood that they will return home. This is consistent with studies such as Biehal (2007) and McSherry et al. (2008).

Research also suggests that when abuse (emotional, physical or psychological) is present in families, it impacts significantly on outcomes for children in care (Browne et al., 2000). Browne et al.'s study of foster care in Co. Cork, for example, indicates that 70% of children who had experienced child abuse – physical and sexual abuse, or neglect, for example – also had experienced unsuccessful placements (i.e., placement had broken down or was in danger of breaking down). In contrast, two-thirds of children and young people who did not enter care because of child abuse were in 'successful placements' (Browne et al., 2000). Browne et al. (2000: 42) suggest that 'past abuse' often predicts difficult or aggressive behaviours exhibited by children and youth in care placements which foster carers are often unable to cope with. This also draws the concept of alignment, discussed in Chapter 1, into sharper focus. Children who experience different types of neglect or emotional, sexual and physical abuse require various levels and types of supports while in care. These children are at the higher levels of the 'Framework of Need' (Hardiker et al 1991) and foster carers may simply be overwhelmed by the experience of fostering a child with such complex needs, or they may have completely different assumptions about how they should care for the child which are at odds with the actual needs of the child.

There is clear evidence in the literature that past maltreatment significantly impacts on the developmental needs and outcomes of children and young people. Children and young people who experience abuse often have difficulties developing cognitive skills and relating to other children and adults. Experiences of abuse also impacts on physiological brain development (Day et al., 2008). This is suggestive of how different types of abuse experienced in childhood can impact markedly on placement stability and

permanence for young people. McSherry et al. (2008) reports that adoptive parents often struggle to cope with children's needs. Qualitative findings by McSherry et al. (2008: 18) indicate that parents sometimes find it difficult to adapt to the demands of parenthood, and that they find it hard to cope with the complex needs of foster children, especially when they have serious behavioural, emotional and physiological conditions (e.g., ADHD, chronic asthma).
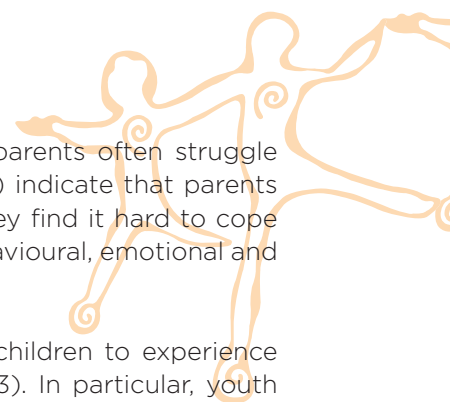
Research suggests that children in long-term care are more likely than other children to experience homelessness and poverty and other social harms in adulthood (Buckley, 2003). In particular, youth who experience placement breakdown are subsequently more likely to experience difficult transitions to independent living (Kelleher et al., 2000). Kelleher et al.'s study, for example, indicates that the experience of exiting care for 55% of youth was precipitated by a crisis event. There was either a placement breakdown or they decided to leave left the placement of their own volition (e.g., running away from the placement). Stein et al.'s (2000) study of Irish care leavers indicates that young people who made 'successful transitions' from care to independent living tended not only to have educational qualifications but to have experienced stable, planned transition as opposed to placement breakdowns. While placement breakdown may be a result of variety of factors – behavioural and emotional problems, personal identity issues, inappropriate placement – leaving care in an unprepared manner, often without ongoing support, leaves a young person isolated and with 'an increased sense of insecurity and anxiety' (Kelleher et al., 2000: 11).

2.4 Factors Affecting Placement Stability and Permanence in Care

The Irish literature pays attention to a number of factors that typically affect placement stability and permanence. They can be summarised as follows.

Children's behaviour and mental health
Both in Ireland and internationally, mental health status and behaviour are seen to correlate with care placements. McNicholas et al.'s (2011) research indicates that children's mental health is associated with the 'type, number and duration' of care placements. Children in the study who were in residential care were 'significantly more likely' to be receiving support from mental health services (83%) than those in foster (47%) or relative care settings (44%) (McNicholas et al., 2011: 4). In addition, behavioural problems were more prevalent among children in residential care (90% of cases in contrast to 53% in foster care). Half of the children in residential care experienced socialisation difficulties, in comparison to 12% of those in foster care. McNicholas *et al*. (2011) suggest that children's' experiences in long-term care, and particularly in residential care (e.g., frequent placement breakdown, a fragmented education history, lack of security and attachment problems, and poor access to services) increased the likelihood of mental health difficulties, such as depression.

Social support and family contact
Parental contact and maintaining connections with siblings have been identified as leading to positive developmental outcomes for children in care (Whitaker, 2011). Children who maintain regular contact with their families of origin often retain a sense of identity and connection to their birth families (Fernandez and Lee, 2013). In addition, family members are often seen as valuable sources of social support for children and young people. McNicholas et al.'s (2011) analysis of 174 children in foster and residential care in the Dublin region found that regular family contact leads to positive outcomes in placement stability, emotional development and coping skills. Maintaining a sense of identity and connection to past experiences facilitates bonding relationships between children and foster parents and siblings. A majority of children in McNicholas et al.'s study reported being in contact with their biological parents. This might reflect a commitment by child welfare services to facilitate 'reasonable access' to family members under the Child Care Act, 1991. However, McNicholas et al. (2011) highlight that although 95% of children had siblings who were also in state care only 53% of these children had regular contact with

their brothers or sisters. In Daly and Gilligan's (2005) study of foster care, almost half (48%) of children were in a placement with at least one sibling.

O'Brien's (2002) study of relative care in Ireland (1993–1997) identifies sibling contact as an important advantage of placements with relatives ('relative care'). In her study, two-thirds of children had siblings placed with them, or in an extended family network. She argues that abused or neglected children need opportunities to live 'normally' with 'minimum disruption' to their lives (O'Brien, 2002: 66). This entails regular contact and connections to people who are important to them (O'Brien, 2002). Daly and Gilligan's (2005) research, for example, indicates that children placed with relatives were significantly less likely to change school and more likely to view school and education as a positive experience than were children in regular foster care. That said, in some cases, placement with family members may be inappropriate and may hamper the child's intellectual, social and physical development, particularly if relative placement puts them in contact with persons who abused them in the past or were complicit in their abuse or neglect. For some children, placement with a family who reside in another area may be more favourable, particularly if placement with extended family members evoked complex and deep-seated emotions about their family lives, which may be extremely disturbing for them.

Research suggests that significant numbers of children lose contact with family and friends while in the Irish care system, and that contact is likely to decrease the longer they spend in care (McMahon and Curtin, 2012; McNicholas et al., 2011; Daly and Gilligan, 2005). Daly and Gilligan's (2005) research, for example, indicates that 95% of children who had been with their carer for 1–3 years had seen their birth mother in the previous six months. This figure declined to 57% for children who were in the same foster placement for 9–14 years. In contrast, children entering care at a later age (and for a shorter period of time) were more likely to retain regular contact with their mothers, siblings and extended families (Daly and Gilligan, 2005). In addition, children in relative care are more likely to have greater and more frequent familial contact than children in regular foster care (ibid.). On the issue of how much contact children in care should have with their families of origin, Hess and Proch (1993, cited in TUSLA, 2014a: 71) state that contact should be 'frequent enough to sustain a child's memory of their family and held often enough to prevent feelings of abandonment'. Similarly, the Commission to Inquire into Child Abuse 2009 states in Recommendation 18 that 'children in care should not, save in exceptional circumstances, be cut off from their families'.

Educational attainments and outcomes
There is some research available on educational outcomes for children in care in Ireland. Internationally, studies indicate that educational outcomes are frequently poor for children who experience state care. Statistics from Harker and Heath (2014) illustrate that in the UK, educational attainments are typically lower for looked-after children compared to their peers in the general population at all levels of assessment. Harker and Heath (2014) say that in 2013, 37% of looked-after children attained five GCSE examinations at grade C to grade A, compared to a national average of 80%. Kelleher et al.'s (2000) study of youth leaving care in Ireland also identifies low educational achievement and early school leaving as outcomes for children. Only one-quarter of children in foster care included in Daly and Gilligan's study (2005: 132) were categorised as having 'positive educational experiences'. They also reported that five out of ten children received specialist educational interventions, particularly when they made poor progress with academic subjects and when they were placed in care at a higher age. Four out of ten were bullied in school (Daly and Gilligan, 2005: 132). Gilligan's (2007) study reports that children in long-term care are twice as likely to be bullied as other children in the population. More recently, Gilligan (2015) argues for greater State emphasis to be accorded to the educational attainments of children in care, writing that the National Plan for Equity of Access to Higher Education 2015–2019 does not adequately address the educational gaps for children in care:
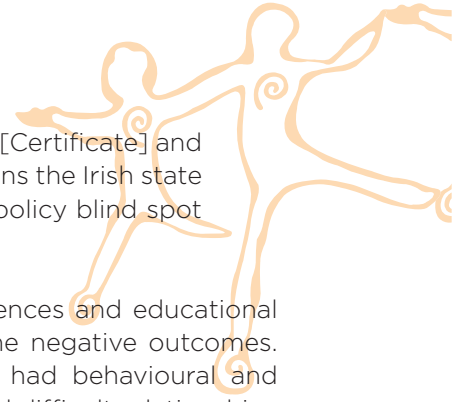
> Overall, how do children in care do in education? How many sit the Leaving [Certificate] and how do they fare? How many get to college or university? These are questions the Irish state cannot answer as it does not collect the data. This gap reflects a general policy blind spot about the education of children in care.

Recent research by Darmody et al. (2013) reports some positive school experiences and educational outcomes for looked-after children. However, Darmody et al. also indicate some negative outcomes. Interviews with children in care and recent care leavers revealed that some had behavioural and disciplinary issues, including absenteeism and truancy; and some had experienced difficult relationships with teachers and other pupils. Children in care were not as academically strong as their peers, and some reported that they had difficulties in certain subjects and in deciding between Leaving Certificate subjects and courses (Darmody et al., 2013). Key stakeholders (e.g., policymakers and care workers) interviewed by Darmody et al. suggested that school is often a rewarding experience for children in care and leads to positive developmental outcomes. While school and education can be very difficult, it also can have a stabilising effect on children in care (ibid.). Equally, moving to a stable foster or residential care placement where education is prioritised may minimise difficulties and help children focus on educational goals and future employment prospects (ibid.). Significantly, Darmody et al. (2013) identify a number of potential barriers to young people achieving academically in school, such as poor communication between schools, parents and caregivers; variability in the amount of support offered to looked after children by schools; multiple placements; stereotyping by others; and poor attendance and absenteeism (p. 71).

Summarising Darmody et al.'s (2013) findings, TUSLA (2014a: 228) reiterates the importance of positive school experiences for children and young people in care:

> For many children in care, school may be one of the most constant factors in their lives and a place where they can feel like 'everybody else'. Schools also have the potential to provide an additional place where they can develop skills and self-confidence, receive praise and encouragement, make friends, achieve success and obtain educational qualifications.

TUSLA (2014a: 229–230) also summarises some of the main barriers to positive school experiences for children in care (see Darmody et al., 2013):

- Inadequate communication between education providers and care providers
- Inadequate assessment of children's educational needs and access to necessary services
- Poor attendance and high absenteeism among children in care
- Stereotyping by others.

Overall, on the issue of improving educational attainments among children in care, TUSLA (2014a: 230) suggests that 'one of the key messages from the research evidence is the need for the combined education and care systems to work together in child-centred ways that are responsible and flexible'. This is comparable to findings by Kilkelly (2007). She argues that schools need to do more for children in care; teachers need to be sensitive to their circumstances and opinions. Significantly, Kilkelly (2007) suggests that children in care should have individualised education plans which would be co-developed with their school.

Irish research also links strong social networks associated with school environments and hobbies to positive developmental outcomes for children in care (McMahon and Curtin, 2013; Daly and Gilligan, 2005). Children in foster care who have well-established friendship networks forged through regular school attendance and involvement in hobbies and activities outside the home were significantly more likely to have positive experiences of education (Daly and Gilligan, 2005: 123). Similarly, Daly and Gilligan (2005) suggest that disrupting friendship networks through multiple school moves can adversely affect

young people's social support networks. Daly and Gilligan (2005) also suggest that starting a new school causes anxiety for children, as they have to learn about how to negotiate their way into new friendship networks. In McMahon and Curtin's (2013) study, young people who experienced care identified the importance of having a strong social network and the significance of foster parents in helping to develop these networks. McMahon and Curtin's (2013) findings suggest that in addition to being sources of emotional and practical support and advice, foster parents often play an important role in helping children in their care maintain relationships with birth family members and friends. These findings are comparable to McSherry et al. (2008), who note the significance of foster parents and siblings in supporting children in care (see also The Fostering Network, 2013, for similar findings). McMahon and Curtin (2013: 339) found that foster parents are pivotal in encouraging participation in organised groups and activities, which they suggest are 'hugely beneficial' to 'the young person's confidence, skills, relationships and overall social competence' (see Biehal, 2014; McSherry et al., 2008 for comparable findings).

2.5 Children in Care in Ireland: Service Environment

Commensurate with the approach of this report, which applies social ecological perspectives to understanding lives in care, we also focus on service- and policy-level factors that impact on outcomes for children and young people. The international and Irish research literature identifies a number of factors in this regard, most notably to do with placement management and decision-making and collaboration. These are interlinked with other factors such as the length of time spent in care, number of placements, and young people's agency in decision-making and planning.
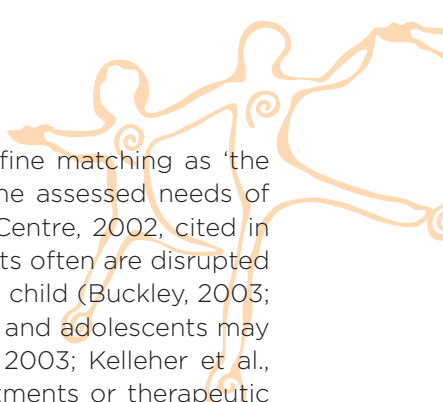
Placement management and decision-making
Irish research such as O'Brien (2002) and Gilligan (2000) has highlighted risks associated with long-term placements for children in the Irish care system. Gilligan's (2000) research, for example, suggests that children requiring out-of-home care in Ireland were at greater risk of long-term placements than children in other countries. Almost half (49%) of children in foster care included in Daly and Gilligan's (2005) study had experienced a previous care placement. Three-quarters had lived in at least one or two placements previously. Several studies argue that in the past, children placed in care in Ireland often 'drifted' from one placement to the next (Buckley, 2003; Gilligan, 2000). According to studies, this 'unhealthy feature' of Ireland's child welfare system is linked to inadequacies within care and unsatisfactory care planning procedures which often result in inappropriate placements (Buckley, 2003; O'Brien, 2002; Gilligan, 2000: 140). On the issue of planning, Davies and Ward (2011: 79) observe the following:

> Planning matters; where there is evidence of careful planning, outcomes for children tend to be better. Conversely where planning is weak, there is more evidence of drift so that children are left too long in abusive circumstances without appropriate services to safeguard them (Davies and Ward, 2011: 79, cited in TUSLA, 2014a: 52).

TUSLA (2014a: 56) similarly illustrates that children and young people are sometimes dissatisfied with Child in Care reviews. The Listen to Our Voices (McEvoy and Smyth, 2011) consultation identified these reviews as aspects of the system that did not work well for them. Young people in foster care aged 13–17 years were particularly dissatisfied with these review forums, commenting that the atmosphere was intimidating, and that reviews are a waste of time. These are very significant findings, given the importance of Child in Care reviews in ensuring that outcomes of the care planning process are being met (TUSLA, 2014a: 56).

Research highlights the importance of having 'good quality placement decisions' (Clarke and Eustace, 2010: v; Buckley, 2003). Clarke (2004, cited in Clarke and Eustace, 2010: 97) argues, for example, that placement mismatches resulting in subsequent disruption and breakdown may be avoided if 'matching'

was 'a core part' of the decision-making process. Farmer and Dance (2015) define matching as 'the process of identifying a family whose resources will, as far as possible, meet the assessed needs of a particular child or sibling group, throughout childhood and beyond' (Hadley Centre, 2002, cited in Farmer and Dance, 2015: 2). Research on children in care suggests that placements often are disrupted and many break down because they are unable to meet the specific needs of the child (Buckley, 2003; Kelleher et al., 2000). Studies highlight that placements options are often limited and adolescents may be placed on the basis of availability more than their specific needs (Buckley, 2003; Kelleher et al., 2000). Young people, who may, for example, require specialised addiction treatments or therapeutic services to treat trauma, due to experiencing abuse and neglect, instead may be placed in care settings inappropriate to their needs (Kelleher et al., 2000). Summarising insights from the international literature on matching, Farmer and Dance (2015: 2) argue that the following factors significantly affect the process of matching:

- when agencies do not support parents to adjust their expectations to the child's capacities
- foster parents lack information about how best to support the child in care
- differences in the needs and wants of foster parents and the child/children can also substantially affect the process of matching.

Overall, Farmer and Dance (2015: 3) state that:

> Mismatches can occur if parental expectations are disappointed, including the belief that a new child will readily form attachments to adoptive parents or that a loving home will lead to improvements in the child's behaviour.

More recent Irish studies support increased involvement and oversight by child welfare management in placement decisions (McMahon and Curtin, 2013; Clarke and Eustace, 2010). Management oversight is a significant step towards ensuring that placements are in the best interests of children and correspond more with their specific needs. Increasing levels of oversight could also provide support to foster carers, children and social workers alike to minimise placement disruption and reduces moves, and provide placements that allow children to maintain family, community and social connections: all of which, they argue, are key factors in achieving positive developmental outcomes (McMahon and Curtin, 2013; Clarke and Eustace, 2010).

Advancing a collaborative agenda: Children, families and decision-making
Research suggests that enhancing collaboration and participation of children and adults (parents, foster parents or caregivers) in care planning impacts on care experiences of young people and may affect outcomes. For example, O'Brien (2002: 66) suggests that decision-making processes should include children and families, who should be consulted about care plans (see EPIC, 2012, 2014). In her study of relative care, O'Brien (2002) advocates developing systems in child welfare interventions that promote 'respect, collaboration, and accountability'. Harrison (2009) argues that children value relationships with professionals where they were consulted and listened to. How children perceive child services depends greatly on whether interventions are seen negatively as intrusions in their lives, or positively as genuine help from concerned practitioners (Harrison, 2009). In addition, Harrison (2009) suggests that including children's 'voices' in deciding what are the complex problems, helps practitioners gain better understandings of children's lives and the social context they inhabit. A collaborative focus when addressing the needs of at-risk children, O'Brien (2002) argues, may also counteract or alleviate the apparent social stigma accompanying statutory intervention that is often felt by children and families involved in care systems. Many relative carers choose to care for children in order to prevent them from entering state care or to 'rescue' them if they are already in care (O'Brien, 2002: 59). According to O'Brien (2002), potential carers, who may be already caring for the child informally, frequently contact child welfare services out of financial necessity or to formalise their caring role. In addition, contact with care systems is often initiated because of a perceived need to protect the child from 'unhealthy' role

models like biological parents, who may be abusive or neglectful towards the child or have psycho-social problems to do with substance misuse (O'Brien, 2002). Comparably, in Northern Ireland, McSherry et al. (2008) highlight similar issues to do with negotiating relationships between foster carers and parents of origin, suggesting that the relationships between adult actors impacts strongly on children's lives in care and on care outcomes.

O'Brien (2002) identifies several factors required to ease difficulties and tensions between parties at care planning and decision-making stages. Factors include ways of managing disputes between carers and parents, and opportunities for relatives to address problems and solutions collectively – including reunification (O'Brien, 2002). O'Brien (2002) also argues that agencies must accommodate and have the capacity to serve the needs of the many different participants in Ireland's evolving child welfare care system. Research suggests that placement planning decisions also need to account for the location of the placement (McMahon and Curtin, 2013). McMahon and Curtin's (2013: 338) research indicates that children whose placements are geographically distant from their original area have less capacity to maintain contact with social networks. They argue that decisions should take 'a geographically balanced' approach which takes account of young people's peer network and the importance and value of maintaining contact with significant people in their lives (McMahon and Curtin, 2013: 338). Remaining in their local area, when no obvious risks are evident, can enable young people to maintain their friendship network and other supportive relationships and can have positive educational and employment outcomes (e.g., not having to transfer to another school). Research in the 1990s (Tighe, 1993, cited in Buckley, 2003) also indicates that being placed outside one's locality impacted on the frequency of family contact for children in residential care. This can seriously compound the care experiences and outcomes for children and young people

Writing in 2000, Gilligan highlighted a need for children's services in Ireland to adapt in order to meet emerging challenges as the population of children in care increased. These challenges included difficulties recruiting and retaining foster carers, the increasing reliance on relative carers, and the growing use of high-support residential placements to cope with the serious emotional problems and challenging behaviour of older adolescents (Munro and Gilligan, 2013; Gilligan, 2000). Recent research (McNicholas et al., 2011; Gilligan, 2009), however, indicates that children in the Irish care system are likely to experience difficulties accessing services. McNicholas et al. (2011) highlight that contrary to health service recommendations, one out of every five children in their study had not being allocated a social worker, and one out of four had no identified general practitioner. In addition, despite the dramatic increase in foster and relative care over recent decades, little progress in monitoring and evaluating these forms of care has been achieved (Gilligan, 2009). Gilligan (2009: 289) argues:

> ...the lack of monitoring of the overall operation of the foster care system is worrying in light of recurring problems that surface. More worrying still is the fact that a percentage of children in care do not have an allocated social worker because of staffing problems, thus rendering them vulnerable to insufficient scrutiny and planning in relation to their care and developmental needs. Furthermore, many relatives with whom children are placed have not been formally assessed or approved as suitable for this role, something that exposes children, for whom the state has taken responsibility, to unnecessary risk.

Irish research highlights the need for effective coordination and interagency partnership in providing support to at-risk children (Clarke and Eustace, 2010). Findings from the Roscommon Child Care Case (2010) on the lack of a response to contacts made with services by relatives of the family concerned about parental alcohol misuse and the negative effects on their children clearly demonstrate the need for service coordination and effective partnership. The interagency, multi-professional character of children's services requires that practitioners must work well with others but have due consideration of a range of factors affecting children lives – development and educational needs, foster and birth family factors, ethnicity and culture, disability, values and beliefs, for example (Ferguson, 2011; Parton, 2007; Buckley

2003). Practitioners therefore should aim to achieve deep understandings of the lives of children in care (Ferguson, 2011; Harrison, 2009). Better outcomes for children in care depend to a great extent on the quality, depth and therapeutic value of practitioner relationships built and maintained with children and families (including foster and relative carers).

2.6 Chapter Summary

Over recent decades, there has been an increase in the use of foster and relative care as responses to abuse and neglect of children in Ireland. Irish research indicates that many children enter care due to abuse and neglect in the family home, with alcohol and substance misuse as compounding factors. Studies suggest that poverty and dependence on social welfare, homelessness and family break-up, experience of violence in the family home, mental health and intellectual capacity among parents are factors predicting placement in Ireland's care system. Children are likely to remain in care for extended periods, and to experience placement instability and multiple moves, significant behavioural and psychological problems, education deficits, and difficulties in maintaining familial contact and social networks. Those in long-term care are more likely than other children to experience difficult transitions to independent life and to experience homelessness and poverty and other social harms in adulthood.

Research suggests that care placements are often disrupted and many break down because they are unable to meet the specific needs of the child. Frequently, placements options are limited, and adolescents in particular may be placed not on the basis of need but availability. An important factor determining the quality and stability of care placements is the initial decision-making process employed by child welfare services. Some commentators, for example, argue that increased involvement and oversight by child welfare management in placement decisions leads to greater alignment in foster care placements. This may ensure that placements are in the best interests of and fit the needs of the child, provide support that minimises placement disruption and reduces moves, and provide placements that allow children to maintain family, community and social connections.

Irish research also suggests that decision-making processes might be enhanced if they include children and families in preparing care plans. In the absence of clear information and knowledge, children tended to internalise responsibility or blame for what was happening to them. Several studies argue that positive factors that help relieve children's anxieties during placement moves include having a familiar social worker, the involvement of parents and family in the move,[10] being placed in a familiar location, and actions by care staff (and carers) that comfort, amuse and demonstrate concern for the child.

School and education also can have a stabilising effect on the lives of children in care. A stable foster or residential care placement, where education is prioritised, may minimise difficulties and help children focus on educational goals and future employment prospects. Similarly, parental contact is identified as leading to positive outcomes for children in care. Irish research also links the strong social networks and positive outcomes for children in care. However, significant numbers of children lose contact with family and friends while in care. Moreover, contact is likely to decrease, the longer they spend in care.

Irish studies also indicate that children in the care system are likely to experience difficulties accessing services. For example, contrary to health service recommendations, some children in care do not have an allocated social worker. Finally, the need for effective coordination and interagency partnership was highlighted. The interagency, multi-professional character of children's services means practitioners must not only work well with others but also have due consideration for the complex and multiple factors

10   If this is appropriate and deemed to be in the best interests of the child.

affecting children lives, such as their development and educational needs, foster and birth family factors, ethnicity and culture, disability, values and beliefs.

To summarise, some of the main factors identified in Irish literature affecting placement stability or instability and breakdown are as follows:

- Educational deficits and children's experiences of education
- Mental health status of children, parents and foster parents
- Quality of supports for children transitioning into care and supports available to them while in care
- Poverty and social disadvantage
- Children's experiences prior to entering care
- Care placements that do not meet the needs of the child.

3.0

Stability and Permanence and Children in Care: International Research Perspectives

3.1 Introduction

In Chapter 2, we reviewed mainly Irish literature around the experience and outcomes for stability and permanence for children in care. In this chapter, we focus more on international research perspectives with regard to outcomes for permanence, and stability is therefore accorded attention. In particular, adoption is accorded high importance as a permanence outcome internationally, while in Ireland adoption rates are much lower than in other countries. Some of the main reasons for this were outlined in Chapter 2. Adoption is therefore alluded to in Chapter 3, mainly because of the increase in adoption rates discernible in other jurisdictions, including Northern Ireland and Britain (McSherry et al., 2015).

3.2 Defining Permanence and Stability for Children in Care: International Perspectives

Internationally, removing a child from their family home due to risks to their safety, health and well-being and placing them in foster care is acknowledged widely as an intervention of last resort (Akin, 2011). Nonetheless, in many countries, when children need out-of-home care due to abuse or neglect, foster care is often the primary intervention utilised in child welfare systems (Vanderfaille et al., 2013). A stable and secure care experience is important, as children develop relationships and attachment to foster carers (Carnochan et al., 2013a). Indeed, placement instability and the removal of children from foster care homes is a primary concern for child welfare systems in Europe and farther afield (Christiansen et al., 2010; Fernandez, 2008; Unrau et al., 2008). Both qualitative and quantitative research indicates that children who experience unstable or disrupted care placements, characterised by multiple moves, are at significant risk of adverse developmental and well-being outcomes (Meloy and Phillips, 2012). There is strong agreement among Irish and international commentators on adverse developmental outcomes associated with instability and lack of permanence in care situations.

Permanence is a key policy objective of child care systems globally (Biehal, 2014; Casanueva et al., 2012), and it is a concept that invokes a range of meanings (Beckett et al., 2014). For the purposes of this chapter, permanence is defined as 'a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships' (Maluccio and Fein, 1983, cited in Stott and Gustavsson, 2010: 622). This draws attention both to factors at policy, community and family levels that might indicate different permanence and stability outcomes, and to the agency of children in shaping their experiences. The international literature accords much greater attention to defining permanence than the Irish literature does. However, it is very significant for child welfare practitioners in Ireland and internationally to adopt a robust definition of permanence which reflects this literature, and which is also linked to child welfare practice, when planning policies and programmes for children in care.

A core aim of permanency is to create stability in a child's life so that long-lasting, nurturing and loving relationships can be rebuilt or established (Biehal, 2007). Achieving stability in care is positively associated with permanence goals; studies suggest that children and youth who have more stable placements are more likely to achieve 'better' developmental outcomes and that placement disruption often leads to

'unstable' placements and placement breakdown. But what constitutes stability, and how is this concept defined? Stability in care can be defined as a type of feeling on behalf of the young person: a feeling of being 'stable' or settled in one's environment. Stability is closely linked to 'felt security' – knowing and feeling that one is in a secure placement, and is cared about by foster carers or siblings. Aspects of stability are highly amenable to quantitative measurement, including number of school moves and number of placement moves experienced while in care. Drawing upon the international literature on stability then, the concept can be defined as: *care placements that are characterised by small numbers of placement or school moves (if any), where the needs and well-being of the child are prioritised, and which leads to the development of long-lasting, nurturing relationships between children, foster parents and siblings.*

Achieving placement stability for children and young people in care and permanence planning has attracted much policy attention, and with this, considerable research interest in the factors associated with stability and permanency outcomes. This is particularly evident in the international literature; recent approaches use multi-factorial analyses to analyse and interpret relationships between outcomes and predictors, and longitudinal studies exist which map the impacts of programmes on outcomes for children in care and their families (see Long et al., 2014). Although there appear to be few studies, if any, in Ireland which utilise multi-factorial approaches to outcomes for children in care, these methodologies could yield very detailed evidence on outcomes for permanence and stability. Internationally, much of the literature around outcomes focuses on the following: the characteristics of children in care; age, race, gender, behaviour and emotional problems, nature of abuse and neglect experienced, demographic and socioeconomic factors, health and special needs, parental and family characteristics, type of placement and placement history, and care service environment. Understanding children's experience of foster care and the factors contributing to placement stability, disruption and breakdown is needed to target child welfare services appropriately.

Mapping international policy contexts for permanence and stability

Since the 1970s and 1980s, achieving 'permanence' for children in care has been a central objective of international policy and debates on child welfare as a response to foster care 'drift' (Biehal, 2014; Blakey et al. 2012). Foster care drift occurs when children remain in temporary care, moving from one care placement to the next until they exit from care (Procter et al., 2011). Internationally, drifting in care was often viewed as a consequence of lack of planning around care placements (Biehal, 2007). For example, Biehal (2007) cites research (Thorpe, 1974; Lambert, 1973) which suggests that social workers in the 1970s rarely consulted with families or children who entered care, which impacted on outcomes for children (see Whitaker, 2011, for similar arguments). Concern about the impacts of long-term and multiple care placements on children's well-being and development encourages policymakers and others to reflect on how child welfare systems responded to child abuse and neglect (McGowan, 2010). Biehal (2007), for example, suggests that mounting research evidence, and the advent of campaigning groups – the permanency planning movement in the USA and, subsequently, in the UK – provided the impetus for many countries to overhaul their child welfare policy and practice. The response particularly focused on achieving permanent placements for children in care (Beckett et al., 2014; Akin, 2011).

In the US in particular, permanence is often accomplished, in the first instance, by returning children to their families or, saving that, locating long-term guardian care (Beckett et al., 2014; Christiansen et al., 2013). There is international agreement that temporary placements should be short and kept to a minimum, after which a child should return home or enter more long-standing care arrangements (Beckett et al., 2014; Whitaker, 2011). In policy and practice terms, delivering 'permanency' requires putting in place speedier decision-making processes, effective planning procedures and preventative support interventions (Stott and Gustavsson, 2010).

Since the permanency planning movement in the 1970s, reunification with family of origin is a popular permanency outcome in the UK. Where reunification is not possible, adoption is often pursued (Biehal,

2007). In Northern Ireland, adoption seems to be a more frequent outcome for looked-after children, with figures suggesting increases in the numbers of domestic adoptions in recent years (see McSherry et al., 2015, 2008 for more comprehensive discussion on this point). In the UK, 5,330 children were adopted from care during the year ending 31 March 2015. The majority (76%) were aged 1–4 years and 83% were Caucasian.[11]

Permanency and stability in care: Policy objectives and international research perspectives
Much research indicates that the pursuit of permanency, while well-meaning, remains an elusive goal for many children in care (Christiansen et al., 2010; Stott and Gustavsson, 2010). Akin's (2011) analysis of outcomes for 3,351 children in care in the USA between 2006 and mid-2009, for example, found that 25% remained in foster care or exited care without a permanent arrangement. Similarly, Cheng's (2010) review of US government child welfare data indicates that a quarter (24%) of children in foster care had no permanency plan and nearly one third (31%) had been in care for more than four years.

Research in a variety of countries indicates that although permanency is a key child welfare priority, a high proportion of children in care still experience transient lives, moving from one placement to the next (Christiansen et al., 2010). Research from the UK suggests that 89% of all looked-after children in the year ending March 2012 experienced up to two placements, and 11% experienced more than two placements over the same period of time (Department for Education, 2013: 12). In Northern Ireland, McSherry et al. (2008) focus on how changes to the NI policy context might actually hamper children and young people's permanency outcomes. Drawing on qualitative case studies with children and young people, McSherry et al. (2008) highlight that young people are sometimes 'stuck' in care while adults (social workers, legal representatives, parents) make decisions about their well-being. It can take weeks or months to make complex legal decisions about permanency outcomes. Children and young people who dislike their care placements may find this time period very difficult to cope with.

In addition, international research suggests that the dominance of reunification, guardianship and adoption in other countries as core policy objectives may have reduced the appeal of long-term foster care as an option for abused and neglected children (Christiansen et al., 2013; McGowan, 2010; Stott and Gustavsson, 2010; Samuels and Pryce, 2008). Stott and Gustavsson (2010) argue that child welfare systems' prioritisation of permanence goals through reunification and guardianship sometimes leads to upheaval in a child's life. They and others (Christiansen et al., 2013; Barber and Delfabbro, 2005) suggest that the primacy of legal permanence may be at the expense of relational well-being and ecological stability for children. Relational well-being refers to feelings of well-being in children and young people that result from strong, nurturing relationships or social bonds that develop between the child or young person and their caregivers. Sometimes, relational stability can be achieved for children in long-term foster care rather than adoption or guardianship arrangements. Moreover, disrupting long-term, lasting and loving relationships with foster carers, siblings and extended families, and the disorder caused by leaving behind one's community, school and social network can alienate youth in care (Stott and Gustavsson, 2010).

Nevertheless, other studies of young children in foster care in the USA indicate that they might be at greater risk of poorer developmental and emotional outcomes than children reunified with their families or adopted from care (Lloyd and Barth, 2011). Lloyd and Barth (2011: 1383) argue that time spent in state care is 'less developmentally advantageous' than returning home, adoption or guardianship. While foster care is an important and necessary intervention for children at risk, they argue that it 'appears to be a hazard to children's development if it becomes prolonged' (ibid. 1389). There are a myriad of reasons for this. Long-term foster care can result in a child experiencing emotional upheaval, as changes in social networks and living arrangements may be difficult for a child to negotiate (McMahon and Curtin, 2013).

11   Please see Adoption UK (2013) 'Adoption facts and figures' (webpage downloaded via http://www.adoptionuk.org/press-media/adoption-facts-and-figures; last accessed 16 May 2016).

It should be noted at this point, however, that the success or failure of various foster care arrangements – be they in Ireland, the US or elsewhere – depends very much on the child and the family. Some long-term foster care arrangements can lead to better developmental outcomes for children, while other foster placements (for short or long periods of time) can adversely affect a child's emotional development and impede on their emotional recovery from experiences of neglect in the family home. Overall, research on outcomes for long-term foster care versus adoption and guardianship arrangements shows mixed results with regard to permanence arrangements and developmental outcomes for children and youth. Christiansen et al. (2013: 721) echo this point, arguing that 'security, well-being and family membership' for children are also key objectives in long-term foster care. In their view, foster care can provide opportunities for abused and neglected children to experience emotionally supportive relationships with adults. Fernandez (2008: 1299) argues that while long-term foster care and permanent placements are susceptible to instability, 'long-term fostering has an important niche in the repertoire of placement options for children'. This is particularly so when children in care continue to have 'a meaningful level of birth family connection' but are unable to return home, and would benefit by having a secure home with committed caregivers (Fernandez, 2008: 1299). Here, Fernandez (2008) suggests that maintaining relationships with parents of origin while in long-term foster care can secure better developmental outcomes for children, and permanence and stability.

3.3 'Drifting in Care': Multiple Care Placements, Permanence and Stability

Internationally, much research focuses on children drifting in care, placement breakdowns and outcomes for permanence and stability. Numerous studies report that drifting in care, which is defined as experiencing multiple care placements, significantly affects the likelihood of children and young people achieving permanency in care. Studies also suggest that young people experience adverse developmental outcomes when they drift in care – moving from one care placement to the next. For example, research shows that children in care who experience multiple placements often become distrustful of relationships with adults and other young people, and emotionally distant (Stott and Gustavsson, 2010; Hyde and Kammerer, 2009; Samuels, 2008). Over time, a child's capacity to form trusting relationships may decrease, which can also reduce the likelihood of attaining legal permanence (Stott and Gustavsson, 2010). A history of placement instability may also impede the development of emotional and social competencies required to successfully transition from foster care into adulthood (Stott and Gustavsson, 2010; Montgomery et al., 2006). More detailed commentary on transitioning to adulthood while in care is in Chapter 4 of this monograph, which focuses specifically on ageing out of care. Studies from Northern Ireland and Britain highlight that transitioning is often exceptionally difficult for children, parents of origin and foster parents. Having a range of supports in place that can positively affect this transition is therefore extremely important (see Chapter 4).

Numerous authors identify stable and secure placements as key priorities for child services in efforts to ensure safety and well-being of children in care (Carnochan et al., 2013a; O'Neill et al., 2012). Frequent placement changes, most common among adolescents in care, exacerbate the risks and considerable upheaval already affecting their lives (Meloy and Phillips, 2012; Barth et al., 2011; Lloyd and Barth, 2011). This significantly affects young people's opportunities for achieving permanence outcomes. Children experiencing multiple placements are often denied opportunities to build relationships with caregivers, continue friendship networks, and avail of community, educational and health services (Carnochan et al., 2013a, 2013b; Turner and Macdonald, 2011; Stott and Gustavsson, 2010; Ward, 2009). A disrupted life can increase the risk of social, emotional and behaviour problems and can negatively impact on a child's self-esteem and sense of identity (Barth et al., 2011; Fernandez, 2009; Ward, 2009; Unrau et al., 2008). In support of this, Research in Practice (2014)[12] state the following:

12   Please see http://fosteringandadoption.rip.org.uk/topics/placement/
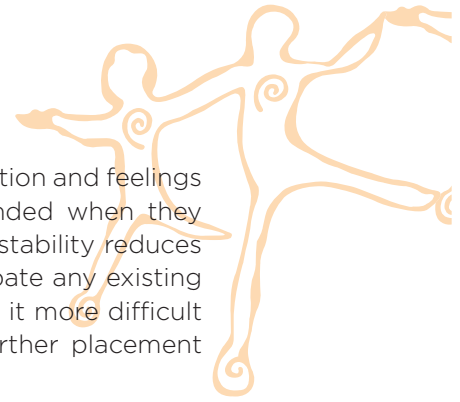
Children and young people who are removed from their family suffer separation and feelings of loss, even if they have been maltreated. These feelings are compounded when they experience multiple placements (Schofield and Beek, 2005). Placement instability reduces a child's opportunities to develop secure attachments. It may also exacerbate any existing behavioural and emotional difficulties (Schofield and Beek, 2005), making it more difficult for children to establish relationships with carers and contributing to further placement breakdown and rejection (Munro and Hardy, 2006).

Research also reports that children who have had disrupted care placements experience isolation, loneliness and disconnection (Stott and Gustavsson, 2010; Hyde and Kammerer, 2009; Ward 2009; Unrau et al., 2008). Research by Unrau et al. (2008) with former foster youth, for example, suggests that multiple placement moves 'provoke common negative reactions'. Study participants recalled experiencing a feeling of 'profound loss' at having to leave foster homes (Unrau et al., 2008: 1264). The emotional impact of placement breakdown was considered significant and long-term by youth, undermining their sense of control over their lives and their personal capacity to form trusting relationships (Samuels, 2008; Unrau et al., 2008). Moreover, many children in long-term care are unlikely to form deep and lasting relationships with adults, according to several studies (Avery, 2010; Samuels, 2008; Leathers, 2006). As a result of instability and frequent placement moves (whether planned or through breakdown), their prospects of maintaining familial relationships into adulthood are low (Samuels, 2008; Sinclair, 2005, cited in Christiansen et al., 2013). Placement disruption may represent 'a pattern of instability' in a child's life, one that begins within the family home and continues when placed in care, reinforcing a child's perception of life and home as transient and temporary (Ward, 2009). On the issue of disruption, O'Brien (2013: 1) states that:

Repeated disruption of their network of social, educational and community relationships is also damaging. The impact of this kind of change and disruption can exact an immense toll on a child. The work, effort and resources put into ensuring continuity with their family – parents, siblings and extended family members – is often not enough to mitigate the effects of repeated movements and change.

3.4 Factors Affecting Outcomes for Children in Care: International Quantitative and Qualitative Evidence

A vast corpus of international literature focuses specifically on factors affecting outcomes for permanence and stability. Much research attempts to chart predictors associated with foster care stability and the factors influencing placement instability and breakdown (Egelund and Vitus, 2009; Unrau et al., 2008). Much literature in particular focuses on the negative effects of placement disruption, breakdown and multiple moves. However, it is worth noting that children's placement experiences and indicators of instability are varied and frequently ambiguous, so that common patterns in indicators for stability are not easily delineated (Egelund and Vitus, 2009; Unrau et al., 2008). Research conducted in Denmark (Egelund and Vitus, 2009: 55), for example, indicates that instability and breakdown in teenage placements are extremely difficult to predict, 'as few factors are obvious predictors'. Moreover, recent studies take note of the inherent complexities in delineating single predictors of stability and permanency. Munro and Gilligan (2013: 185) allude to this when they write about the role of cultural variations in decision-making, the significance of regulation and a person's individual agency, which impacts on permanency solutions. This is also implicit in Sinclair and Wilson (nd), who state that the success of placements is often contingent on three factors: children's characteristics, qualities of the foster carer, and interactions between carers and children. Commenting on foster care placement breakdowns in Germany, Van Santen (2015) found that foster carers were more likely to initiate a placement breakdown when they had male

children in their care aged 6–15 years of age, and when children had complex care histories experiencing multiple placements. This suggests how context affects placement breakdown and stability, and shapes outcomes for children and families.

The following subsections deploy a socio-ecological approach to delineate some of the main factors affecting permanence and stability identified in the literature. The chapter focuses on factors at the level of the child (e.g., age at entry to care, race and ethnicity, behaviour and mental health) before progressing to family factors (parental coping and relationships between children and carers). The final sections of the chapter focus on system-based factors such as training and supports for foster families.

Age at entry to care

A burgeoning corpus of international evidence also suggests that some permanence arrangements favour younger children above adolescents (Biehal et al., 2014; Stott and Gustavsson, 2010). Indeed, age at entering care has been identified as a significant predictor of permanence outcomes (Khoo et al., 2012; McSherry, 2008). Adolescents entering care, for example, are far more likely to age out of care than achieve a permanent placement (Stott and Gustavsson, 2010). In the UK, Rees et al. (2011) found that adolescents who entered care at 11 years or over were more likely to experience placement instability. This is echoed by Beckett et al. (2014), who found that older children are more likely to be in foster care and to experience placement instability than younger children are (Beckett et al., 2014). Moreover, placement instability and disruption are likely to increase as children age in care (Blakey et al., 2012). Older children, those who have been in care longer, and those who have had more exposure to abuse and neglect are likely to experience greater placement disruption and breakdown as a consequence (Egelund and Vitus, 2009; Brown and Bednar, 2006).

A child's age at entry to care is an important predictor of length of stay in care and placement stability (Beckett et al., 2014; O'Brien, 2014; Khoo et al., 2012; Whitaker, 2011; Oosterman et al., 2007). Biehal's (2014: 957) study of long-term foster care indicates that children who 'settle successfully' in foster care are those who entered care at a younger age (on average 3.9 years in comparison to 5.3 years for children who experienced multiple placements). Similarly, Oosterman et al.'s (2007) research indicates that children entering care under the age of three often remained in stable placements for five years or more than other children in care. In addition, Egelund and Vitus's (2009) research found that older children are more likely to experience placement instability and breakdown if they have experienced abuse and neglect before entry into care.

Research with youth in care also indicates that older children experience many emotional difficulties while in care. Stott and Gustavsson (2010) state that older children sometimes feel that they do not want their original families 'replaced' and they are therefore resistant to permanent care arrangements with 'other' families. Biehal (2014) also suggests that 'social, emotional and attachment difficulties' due to neglect or abuse experienced before entry into care may complicate bonding with foster carers for some children. Problems experienced in families of origin and in early placements may also make it more difficult for carers to establish relationships with children placed in their care (Biehal et al., 2014). This highlights the complexity of children's relationships with foster carers (and vice versa) and how emotional traumas experienced prior to care entry might affect the likelihood of placement breakdowns.

Race, ethnicity and outcomes for permanence and stability

Research examining child demographic characteristics and outcomes for permanence and stability show mixed results. Many studies do not report any significant gender-related differences in permanency outcomes for children in care (Whitaker, 2011; Connell et al., 2006). In regard to race and ethnic background, research conducted in the USA indicates that ethnicity affects outcomes for permanence and stability. African American children are less likely to return to their families of origin than are Caucasian or Hispanic children in care (Pine et al., 2009; Connell et al., 2006). Swedish research also reports that children of ethnic minorities are 2.5–3.5 times more likely to enter care (see Khoo et al., 2012). However, Akin

(2011: 1008) and Whitaker (2011) recorded no significant differences in race and reunification patterns. Internationally, there is a burgeoning corpus of research on race and permanence outcomes (see Selwyn et al., 2010). However, there is little research in Ireland on race, ethnicity and permanence.

Children's behaviour

Children's behaviour is a strong predictor of foster care instability and permanence (Ros Pilarz and Hill, 2014; Carnochan et al., 2013a, 2013b; Stott and Gustavsson, 2010). For example, Carnochan et al. (2013: 235) suggest that unstable care placements resulting in breakdown and frequent moves are associated with 'the increased prevalence of attachment disorders and behaviour problems' in children. Ros Pilarz and Hill's (2014) study of placement instability and young children in care (aged three and below) found that children who moved two or more times did so primarily because of behavioural and emotional problems. In contrast, Rubin et al. (2007) found that children who achieve placement stability were less likely to exhibit behaviour problems. Similarly, studies of placement instability and foster care suggest that externalising behaviour – aggressiveness, arguing, fighting, stealing – in early adolescence was closely linked to subsequent placement breakdown (Fernandez, 2008; Chamberlain et al., 2006; Leathers, 2006). Fernandez (2008: 1295) reports that children who experienced placement instability displayed 'a particularly high level of psychological need, with multiple and intertwined problems affecting their emotions, mood, behaviour and relational capacities'. Children who went on to experience placement disruption and multiple moves had significant problems with social interaction, attention, anxiety, aggression, and mental illness (Fernandez, 2008).

On a related point, McSherry et al. (2008), highlight that parents of origin often find it extremely difficult to cope with fostering and separation from their children. This can exacerbate tensions between children and adults (foster parents, social workers and parents of origin). Both foster parents and parents of origin sampled for the Care Pathways and Outcomes Study in Northern Ireland indicated that they feel high levels of stress.

Egelund and Vitus's (2009) study of residential placement instability in Denmark also indicates that the emotional problems of teenagers increased the likelihood of placement breakdown. However, teenagers in their study who retained the same caseworker throughout their care placement were significantly less likely to experience placement breakdown (Egelund and Vitus, 2009). The findings of this study may also imply that multiple factors impact on a child's care placement (i.e., age and retaining the same caseworker over time). Similarly, Christiansen et al.'s (2013) research indicates that if foster carers are better informed about the placement, it is likely to strengthen their parenting role, which impacts on the child's emotional development. It is important that parents are aware of what the permanence plan might mean for both the child and the foster family, including what happens to the child when they reach adulthood (Christiansen et al., 2013).

Some research suggests that children who experience abuse and neglect and removal from the family home often behave as if they do not want or need new carers (Dozier et al., 2002). Some carers react by withdrawing from foster placements in which children are emotionally distant. In such cases, relationships between parents and children are placed under immense strain. It should be noted, however, that in such circumstances some carers reaffirm their commitment to support children regardless of the circumstances and dynamics of the placement (Oosterman et al., 2007). This can lead to closer relationships between parents and children and higher levels of placement stability. Unrau et al. (2008: 1263) argue that foster children's mistrust of new caregivers and caseworkers is used as a mechanism intended to protect them against 'further disappointment and pain', which are often characteristic of young people's lives prior to entering care arrangements. Children in care are often fearful of jeopardising relationships and are particularly apprehensive of 'sending messages of disloyalty' to biological parents and siblings by developing close relationships with their foster parents (Unrau et al., 2008: 1257). Comparable messages about how children negotiate emergent relationships with foster parents, adoptive carers and relationships with their families of origin are also evident in numerous publications from the Care

Pathways and Outcomes study from Northern Ireland (see for example Mc Donald et al. 2013; McSherry et al. 2013).

Mental health, permanence and stability outcomes

Placement stability and outcomes for permanence have also been linked to children's mental health (Stein and Dumaret, 2011). Ward (2009) suggests that placement instability can cause anxiety for children and adolescents in care who may have extensive health and mental health needs. According to Timmer et al. (2006: 2), the 'traumatic experience of maltreatment' experienced prior to entering care is linked to foster children's mental ill-health and subsequent problems adjusting to care arrangements. They report that almost half of children entering care in the USA had experienced mental health problems, and while in care required support from mental health services (Timmer et al., 2006). They also highlight research (Newton et al., 2000) indicating that children entering care without mental health diagnoses were at greater risk of mental illness a year later. Moreover, abused and neglected children who may suffer mental illness often engage in 'particularly aggressive and destructive behaviours' and are more likely to experience placement breakdown (Timmer et al., 2006).

3.5 Family Factors: Parental Coping, Supports and Relationships

Studies of children in care often argue that various family characteristics are predictive of outcomes for children in care. The type of abuse and maltreatment suffered and whether a child has experienced out-of-home care in the past both impact on outcomes (Kimberlin et al., 2009; Pine et al., 2009). Family circumstances impacting on permanence outcomes for children in care include family type (e.g. lone parent, blended family or traditional nuclear family), parental substance misuse, poverty, poor parental practices, mental illness, domestic violence and poor housing (Farmer and Wijedasa, 2013; Egelund and Vitus, 2009; Kimberlin et al., 2009; Pine et al., 2009).

Research conducted in Sweden (Khoo et al., 2012) indicates that children placed in state care generally come from socially vulnerable families and disadvantaged circumstances. Khoo et al. (2012) argue that greater understanding of family circumstances that lead children into care are required in order to improve care planning practices. For example, in addition to abuse and neglect, children entering care have grown up in homes where substance misuse, involvement in crime and violence, and mental illness are often problems (Khoo et al., 2012; Rubin et al., 2007). Khoo et al. (2010) found that high proportions of children in care experienced problem behaviours in the home prior to entering care. They also report that younger children typically come to the attention of child welfare service because of abuse and neglect by parents or because of experiences they had in the home. On the other hand, older adolescent often are removed from their home because of their own behaviour problems (ibid.). This is further evidence of how multiple risk factors interrelate, thereby affecting outcomes for permanence and stability for children and youth in care.

Parental coping and family support

The abilities of foster parents to cope with a child's behaviour or complex needs shape permanence and stability outcomes (Blakey et al., 2012; Ward, 2009; Brown and Bednar, 2006). Family-related events such as carers' decision to stop fostering due to feeling undervalued, or reduced motivation to foster, may lead to disrupted or terminated placements (Ros Pilarz and Hill, 2014; Blakey et al., 2012). Other factors such as relocating from the area, a lack of financial resources, ill-health and bereavement can impact significantly on placement stability and permanence options for children (ibid.). Other family-related factors affecting placement stability include unrealistic expectations of what it means to foster, and low levels of fostering experience, training and support (Blakey et al., 2012; Brown and Bednar, 2006).

In Northern Ireland, some research has been conducted on how foster parents cope with the burdens of fostering and how they see their own role as 'foster carers'. McSherry et al. (2015) discuss some of
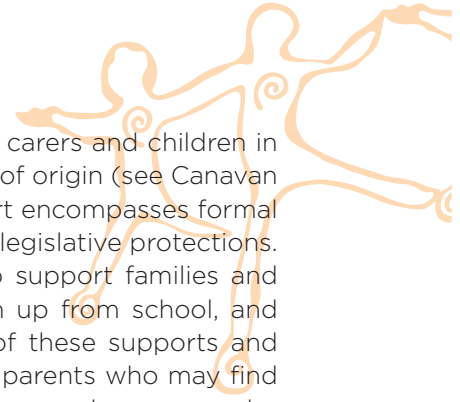
the supports available to foster carers and the value of these supports to foster carers and children in care. Informal and formal family support is essential for foster carers and families of origin (see Canavan et al., 2000 for more discussion of the concept of family support). Family support encompasses formal supports offered by child welfare services, assistance by social workers, and also legislative protections. Informal family supports include acts that people carry out in everyday life to support families and children. This can include babysitting to give parents a break, picking children up from school, and offering emotional support to parents and children (Daro, 2015). The quality of these supports and parents' reactions to them indelibly shape outcomes for children in care. Foster parents who may find it difficult to cope with a child with special needs or behavioural problems, for example, may need a break, and informal supports are particularly useful in this regard. Often formal and informal supports help parents to 'keep going', which is essential for ensuring placement stability for vulnerable children particularly (ibid.). Formal and informal supports are extremely important for children and youth in care especially. In Northern Ireland, McSherry et al. (2013) provide detailed qualitative evidence suggesting that foster carers are often unhappy with the range of formal supports offered to them by social services.[13] Many respondents commented that they felt supported at the beginning of the fostering process but that this support waned as time progressed. Parents of origin reported similar feelings about the range of supports that were available to them, but some said that social workers were invaluable for offering advice about 'formal' issues (court proceedings, legislation) and informal supports (e.g., babysitting).

Children's relationships with foster carers and parents of origin and their significance for outcomes
Research indicates the importance of stable relationships between foster carers and children, and the significance of these relationships for permanence and stability outcomes (Skoog et al., 2014). Studies suggest that foster carers who are emotionally involved in the lives of children in their care, and who are supportive towards them, offer greater placement stability, which leads to lower numbers of placement breakdowns (Christiansen et al., 2013; Oosterman et al., 2007). This corroborates Irish and international research on outcomes, which highlights the importance of stable relationships between foster carers and children.

Similarly, Biehal (2014) suggests that children in stable placements are less likely to experience serious emotional or behavioural problems. Conversely, multiple experiences of placement breakdown may damage a child's capacity to trust, affecting processes of bonding with new carers (Biehal, 2014). Breakdowns in care cause severe stress for all parties concerned (e.g., foster carers, children, parents of origin, social workers). Children who are more socially adjusted are more likely to have greater capacity to bond and form strong relationships with foster parents (Chamberlain et al., 2006), whereas children who experienced attachment difficulties in previous placements were more likely to experience further breakdowns (Oosterman et al., 2007). Foster carers also may experience difficulties forging relationships with children who have emotional or behavioural problems due to adversities experienced prior to their entry into care (Biehal, 2014; Stott and Gustavsson, 2010; Unrau et al., 2008).

Healey and Fisher (2011) suggest that children entering foster care often bring with them varying degrees of stress and trauma (see Van Santen, 2015). Many struggle to adapt to their new surroundings and to the style of parenting practised by foster carers (Healey and Fisher, 2011). Authoritarian and disciplinarian parenting styles are less likely to help children adjust to their new home and more likely to cause placement instability than nurturing parenting with firm but flexible family guidelines and arrangements (Blakey et al., 2012; Crum, 2010). Vanderfaeillie et al.'s (2013) study of long-term foster care in Belgium, for example, found that the use of negative or punishing methods of control by caregivers resulted in adverse relationships and increased problem behaviour by children. In Ireland, some research has been completed on children's reactions to parenting styles, such as Nixon and Halpenny (2010).

Maintaining contact with families of origin is identified internationally as a key predictor of permanence (Farmer and Wijedasa, 2013; Whitaker, 2011; Barber and Delfabbro, 2009). Maintaining contact is

13   Please see:
      http://www.qub.ac.uk/research-centres/TheCarePathwaysandOutcomesStudy/Publications/Researchreports/ParentsReport/ParentsPerspective3/

sometimes seen as an indicator of 'good' developmental outcomes for children and young people (McSherry et al., 2008). In particular, maintaining contact with families of origin is said to strengthen children's feelings of connectedness with biological families, which might lead to better outcomes for them, should they eventually return home (ibid.). That said, in some cases, maintaining regular contact with families of origin can destabilise foster care arrangements. Children may feel confused about parental roles and may also experience conflicting loyalties with different families, especially in foster care arrangements. That said, international studies which discuss reunification in particular indicate a strong correlation between reunification outcomes and contact with families of origin (Coakley, 2013; Farmer and Wijedasa, 2013). In addition, studies like Barber and Delfabbro (2005) argue that restricted contact during case planning weakens family connection. They suggest that care plans for neglected children should facilitate parental contact which includes face-to-face contact and overnight stays in order strengthen child–parent bonding and increase the likelihood of reunification (Barber and Delfabbro, 2009). This requires significant input from child welfare services; children, foster carers and parents of origin require supports to facilitate these arrangements. Kiraly and Humphreys (2016) also underline that children can be emotionally and physically damaged by maintaining relationships with parents of origin, particularly when parents are dependent on illegal substances and alcohol. This highlights the contextual nature of care arrangements – each one is unique and different, and achieving good outcomes depends on individual cases and context.

3.6 Service Environment and Supports for Children in Care

Service environment factors also contribute to placement stability and permanence. Destabilising factors include placements that match incompatible children and foster parents, temporary placements, placing too many children in one home, and other placement moves (e.g., moving children so they can join siblings, or into relative care) (Blakey et al., 2012; Rubin et al., 2007; Chamberlain et al., 2006). Other factors might include a failure to adequately inform, train and support foster carers, poor caseworker–foster carer relationships, lack of contact with foster carers, caseworker turnover, and poor communication between child welfare agencies and foster carers (Blakey et al., 2012; Fernandez, 2008; Brown and Bednar, 2006).

In the literature, placement instability is often associated with poor planning and a lack of support for foster carers (Fernandez, 2008; Rubin et al., 2007; Oosterman et al., 2007). Fernandez (2008) comments that the initial care decisions made for children requiring out-of-home care often leads to disruption. Child welfare systems need to identify the children who need professional help early on, and target resources effectively, so that placement moves are less likely to happen (Fernandez, 2008). According to Fernandez (2008: 1296) supporting stable care placement requires 'planned monitoring of children at increased risk of instability' and providing professional supports to children and foster carers during transitions and other times of potential instability.

Commentators argue that some placement moves are due to administrative needs to do with caseworker turnover and administrative loads as well as agency changes. These factors can compromise children's attachment to foster carers (Rubin et al., 2007). Planned moves during the early stages of a placement, when children are adjusting to out-of-home care, can impact negatively on their adjustment to new surroundings (Khoo et al., 2012; Rubin et al., 2007). Khoo et al.'s (2012) research in Sweden similarly indicates that placement decisions by child welfare agencies are often delayed until a child's home life deteriorates to the point that an emergency placement is necessary. This makes long-term case planning and stable transitions to care more difficult to achieve. Rubin et al. (2007) also observe that children who did not experience placement stability were at increased risk of experiencing behaviour problems. Several studies indicate that foster carers (including relative carers) and residential care workers often lack the skills and expertise to respond appropriately to behaviour and emotional problems of abused and neglected children (Healey and Fisher, 2011; Ward, 2009). Much research also suggests that foster carer supports, including respite and intensive fostering interventions, are important for helping caregivers to
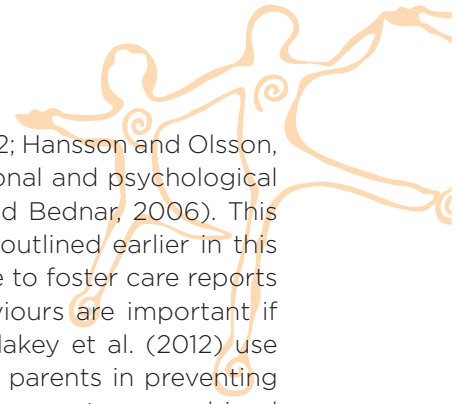
manage difficult placements and cope with problem behaviours (Blakey et al., 2012; Hansson and Olsson, 2012). Support for foster carers may include financial help, practical help, emotional and psychological counselling, social and community support, and training and respite (Brown and Bednar, 2006). This highlights the significance of informal and formal family supports, which were outlined earlier in this chapter. Narendorf et al.'s (2012) study of youth transferring from residential care to foster care reports that foster parents who receive training on how to cope with children's behaviours are important if placements are to progress. Several of the child welfare systems studied by Blakey et al. (2012) use careful recruitment and training processes in order to expand the role of foster parents in preventing placement instability. Targeted selection and recruitment, intensive training and support are combined to enhance caregivers' experience of fostering, which may lead to higher levels of placement stability (Turner and Macdonald, 2011).

Foster carers also need to understand the impacts of abuse and neglect on children, and this should be built into training. Foster carers should up-skill in order to respond appropriately and sensitively to children's emotional and behavioural problems (Healey and Fisher, 2011; Fernandez, 2008). A randomised control study (RCT) conducted in Sweden (Kyhle Westermark et al., 2011) indicates that intensive support for foster carers and the young person's participation in family therapy programmes improves relationships between family members and young people's behaviour. In treatment foster care programmes, for example, parents learn about behavioural management models and are familiarised with reinforcement techniques – i.e., rewarding children for positive behaviour – that are appropriate for the child's age category (Fisher and Gilliam, 2012).[14] Intensive support and training are expected to increase the likelihood of placement success and improve developmental outcomes for them (Dorsey et al., 2008).

In the UK, Biehal et al.'s (2011) evaluation of support systems for foster parents and juvenile offenders indicates that providing close supervision of foster care arrangements, facilitating mentoring relationships with carers, and the consistent reinforcement of pro-social behaviours benefited young people and restricted their opportunities to reoffend and interact with deviant peers. In addition, an earlier study (YJB, 2010) of the same programme highlighted that it also reintegrated young people into education, positively affecting young people's self-esteem and social support.

Biehal (2007: 818) suggests that child welfare services must ensure that 'very careful assessment, preparation, and support' procedures are implemented when developing recovery and rehabilitation plans for children who have been victims of abuse or neglect. Biehal (2007) argues that a comprehensive evaluation of the abuse and neglect problems that instigated the child's removal from the family home must be undertaken, to ensure that a child's and their parent's problems have been satisfactorily resolved. This is particularly important in situations where children are to return to the family home. It is also important in cases where children and parents wish to maintain stable relationships with each other. Farmer (2014: 363) suggests that 'earlier and more proactive intervention and more consistent safeguarding . . . are needed', which includes 'robust planning for children's futures when parents cannot provide a satisfactory home for them'. Leaving children in maltreating homes or repeatedly returning them to homes where they are at risk has obvious detrimental consequences for children's long-term well-being (Farmer, 2014). Farmer's (2014) study of children in care who returned to their original families found that a high rate of abuse and neglect continued on return, resulting in two-thirds of young people re-entering care within five years. In addition, US research (George, 1990, cited by Biehal, 2007) indicates that younger children (aged less than 12 years) and children who have had multiple care placement moves are more likely to experience re-abuse. This highlights that other long-term care arrangements, such as long-term foster care, may be in the best interest of the child, rather than reunifying with parents of origin.

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14   Treatment Foster Care is a community-based, multi-faceted programme designed to treat youth who require high levels of support due to experience of abuse and neglect, medical and mental health problems, and behavioural difficulties (Fisher and Gilliam, 2012).

3.7 Chapter Summary

The impacts of long-term and multiple care placements on children's well-being and development are outlined in the literature. Over recent decades, policy responses focused on achieving permanent placements for children in care. In policy and practice terms, delivering 'permanency' requires putting in place speedier decision-making processes, effective planning procedures and preventative support interventions. A core aim of permanency efforts is to create stability in a child's life so that long-lasting relationships can be rebuilt or established.

A stable and secure care experience is important, as children develop relationships and attachment to foster carers. Children experiencing multiple placements are often denied opportunities to build relationships with caregivers, continue friendship networks, and avail of community, educational and health services. A disrupted life can increase the risk of social, emotional and behaviour problems and can negatively impact on a child's self-esteem and sense of identity. Research indicates, however, that a high proportion of children in care still experience transient lives moving from one placement to the next. Child welfare policies anchored in achieving permanency may also result in frequent moves and placement instability, according to some authors.

International research suggests that some permanency outcomes (e.g. adoption and guardianship) favour younger children, indicating that age may be a predictive factor of permanency outcomes. Adolescents entering care are far more likely to age out of care than to achieve a permanent placement. Children who experience abuse and neglect in the family home are more likely to experience placement instability, illustrating the impacts of the pre-care experiences on outcomes for permanence and stability. Other important factors that are viewed as predictors for permanence and stability include length of time in care, race, behaviour, poor parental practices and motivation (to support return), mental illness, domestic violence, and poor housing.

Much research indicates that children who experience unstable or disrupted care placements, characterised by multiple moves, are at risk of adverse safety, development and well-being outcomes. The impacts of long-term foster care on developmental outcomes for children, compared to other outcomes (e.g., adoption, long-term guardianship) are debated in the international literature. Nevertheless, authors argue that long-term foster care often provides positive outcomes for children (e.g., sense of belonging, stable relationships with caring adults or foster siblings, sense of family security). Indeed, a stable and secure care experience is important, as children develop relationships and attachment to foster carers. Gaps in education because of frequent school transfers, higher rates of involvement in antisocial behaviour, and mental health problems can often lead to reduced life chances in adulthood.

Research identifies a number of factors that impact on stability and permanence. For example, a child's age when care placement occurs is a key predictor of length of stay in care and placement stability. Frequently, children who experience stable foster care placements are those who entered care at a younger age. Other factors, like involvement in antisocial activity, low educational achievement, confusion over one's sense of family identity, low self-esteem, substance misuse, family structure and social network disruption, and mental health, are also identified as affecting permanence and stability. Older children, those who have been in care longer and those who have had more exposure to abuse and neglect are likely to experience greater placement disruption and breakdown as a consequence.

Foster parents' inability to cope with a child's behaviour or complex needs, fear of violence and harm to other family members, and the stress this may cause, also contribute to placement instability. Foster carers feeling undervalued or losing their motivation to foster also impacts on outcomes. Relocating to a different area, a lack of financial resources, ill-health and bereavement may also lead to disrupted or terminated placements. Carers also may have unrealistic expectations of fostering and of the child and may have lower levels of fostering experience, training and support.
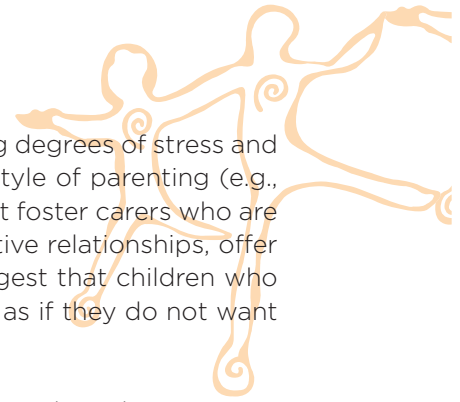
Research suggests that children entering foster care often bring with them varying degrees of stress and trauma. Many children struggle to adapt to their new surroundings, and to the style of parenting (e.g., authoritarian and disciplinarian) practised by foster carers. Research indicates that foster carers who are emotionally involved in the life of children in their care, and who provide supportive relationships, offer more stable placements and fewer breakdowns. In addition, several authors suggest that children who experienced abuse and neglect and removal from the family home often behave as if they do not want or need new carers.

Studies highlight a range of emotional and physical problems experienced in residential settings as impacting on placement stability. These include turnover in care staff, coping with the unpredictable behaviours of other children, and stress accompanying safety and security worries. Children placed in residential settings may model their behaviour on others and thereby have aggressive tendencies reinforced. Grouping together at-risk young people may also limit exposure to positive role models and opportunities to develop pro-social skills and attitudes.

Studies also find that service environment factors destabilise care placements. Matching incompatible children and foster parents, and using temporary placements are destabilising factors. Placing too many children in one home, or perpetuating other moves (e.g., moving children into temporary care arrangements) often leads to feelings of instability. Other factors may include a failure to adequately inform, train and support foster carers, poor caseworker–foster carer relationships, inadequate contact, high caseworker turnover, and poor communication between child welfare agencies and foster carers. In addition, planned moves during important early periods when children are adjusting to out-of-home care can impact negatively on their well-being. Studies argue that child welfare systems need to identify children who potentially need professional help much earlier in the process. Resources should be targeted more effectively so that placement moves are less likely. A multi-disciplinary approach may promote effective collaboration and minimise overlap, according to some.

Much international research also suggests that increasing foster carer support, including respite and intensive fostering interventions, is important for increasing caregiver capacity to manage difficult placements and cope with problem behaviours. Studies highlight that targeted selection and recruitment and intensive training and support are important for promoting stability and permanence. Carers must up-skill so that they are able to respond appropriately and sensitively to children's emotional and behavioural problems.

To summarise, some of the main factors identified in the international literature as affecting placement stability, breakdown and permanence include the following:

- Age at entry to care
- Race and ethnicity
- Behavioural problems of child
- Mental health status of child
- Service supports for children
- Service supports for foster parents
- Lack of training for foster parents
- Placements that do not meet the child's needs.

4.0

Outcomes for Children and Ageing Out-of-Care

4.1 Introduction

This chapter focuses on youth who age out of care, a topic which is accorded extensive attention in the literature. In particular, the literature notes that youth who age out of care (i.e., transition into adulthood while in care) face specific challenges as they transition to independent living, particularly educational disadvantage, inadequate access to services, and poverty. The prior experiences of children and youth are likely to affect how they transition out of care, how they forge relationships with other adults and members of their peer group, and how they maintain relationships with friends, foster parents, and their families of origin. Significantly, the international and Irish literature also identifies that children and youth who have strong social networks are likely to transition more easily out of care than young people whose social networks and 'social capital' tend to be weaker (see Blakeslee, 2012). These matters are explored in greater depth in this chapter.

4.2 Emerging Adulthood and Transitioning to Independent Living: Exploring the Lives of Children and Young People Who Age Out of Care

Youth who experience out-of-home care for extended periods are likely to face challenges living independently (Jackson and Cameron, 2012; Barth et al., 2011; Jones, 2011). Jones (2011) suggests that many youth exiting care are particularly vulnerable due to their history of abuse and trauma before entering care, placement disruption, multiple moves while in care, and other stressors associated with leaving care to live independently. Moreover, research indicates that youth ageing out of care are more likely than other youth to experience unemployment and homelessness, poverty and social exclusion, offending behaviour and incarceration, victimisation, early pregnancy, substance misuse, and physical and mental health problems (Yelick, 2015; Courtney et al., 2011; Dima and Skehill, 2011; Avery, 2010; McCoy et al., 2008; Stein 2008). Commenting specifically on how young people transition from residential care in Ireland, Kilkenny (2012) highlights the lack of supports and obstacles that looked-after young people often face when making decisions about what happens to them after exiting care. In particular, lack of parental support and guidance, lower levels of social capital and lack of formal supports provided by the State, which are often insufficient to meet their needs, shape the opportunities that are available to them. As young people who experience care are more likely to have low levels of educational qualification (Barnow et al., 2015; Berridge, 2012; Jackson and Cameron, 2012; McClung and Gayle, 2010), they also have a greater likelihood of experiencing homelessness, poverty, and lower incomes than members of their peer group who were not in care. Youth who age out of care are less likely to be able to access support and guidance from family members and other significant adults as they transition into independent living (Unrau et al., 2012; Avery and Freundlich, 2009; Samuels, 2008).

Much research indicates that many youth exiting care are unprepared for independent living (Unrau et al., 2012; Dima and Skehill, 2011; McCoy et al., 2008). Dima and Skehill's (2011: 2537) research, for example, suggests that youth frequently avoid the 'reality' of having to leave care. They say young people mostly experience this 'with anxiety, avoidance, denial and anger' (ibid. 2536). Research shows that young people's experiences of exiting care and transitioning into adulthood are much different to the emerging

process of transitioning to adulthood that happens for other adolescents (Dima and Skehill, 2011; Hook and Courtney, 2011; Stein and Dumaret, 2011). Youth leaving care 'are expected to emerge into instant adulthood and have the capacity to manage independent living', which is particularly difficult for young people who experience placement breakdowns, neglect, abuse and emotional issues while in care (Dima and Skehill, 2011: 2537; Jones, 2011; Daining and DePanfilis, 2007). At this stage, comments by Stein et al. (2005: 1) on the process of transitioning into adulthood are worthy of mention. They call attention to the challenges of transition faced by all young people and especially the problems often faced by young people in care:

> For the majority of young people today their journey to adulthood often extends into their mid-twenties. It is a journey from restricted to full citizenship, from a childhood status characterised by dependency to an adult status derived in part on choices, such as becoming a student, employee, householder, partner and parent. But not all young people take the same path... In contrast to the extended transitions made by most young people, the journey to adulthood for many young care leavers is shorter, steeper and often more hazardous. And yet, against many odds, some of these young people have succeeded. They have found fulfilment in their careers and personal lives. What has contributed to the resilience of these young people?

Challenges faced by young people making the transition are further compounded if a young person has a disability, learning difficulty or mental illness such as depression. Emotional upheavals experienced while in care and prior to entering care continue to impede upon developmental outcomes for young people, affecting their relationships and social development into adulthood.

Avery and Freundlich (2009: 248) suggest that the majority of young people ageing out of care are 'developmentally unprepared to assume full adult roles and responsibilities'. Foster care disrupts relationships with biological parents and extended families (Avery, 2010). In addition, children in care – particularly those who experience placement instability – often 'miss out on normative opportunities to build important relational and social skills' that are necessary to build and maintain supportive relationships into adulthood (Samuels, 2008: 3). Furthermore, young people ageing out of care – in residential and group care settings – may do so without familial care and the support provided by adults they have known for long periods of time (Avery, 2010; Samuels, 2008, Geenen and Powers, 2007). This absence of what Avery (2010: 401) terms 'a strong social scaffolding' in the lives of youth ageing out of care is, she argues, 'the critical predictor' of harmful outcomes in adulthood (cf. Adley and Jupp-Kina, 2014).

4.3 Factors Affecting Youth Transition to Independent Living

The international and Irish literature identifies a number of factors that affect young people's transitions from care into adulthood: mainly poverty and educational disadvantage.

Poverty and social disadvantage
A corpus of research shows that many of the supports experienced by youth during foster care (housing, financial, health, education and a range of other services) often end when the young person exits care (Jones, 2011; Avery and Freundlich, 2009; Daining and DePanfilis, 2007). Nevertheless, Pinkerton and Collins (2008: 1287) argue that maintaining and improving social welfare provisions for youth exiting care is particularly important if they are to avoid 'severe deprivation'. A sudden loss of support – housing, financial, health, education and a range of other services – once youth transition from care into adulthood produces a range of socio-economic and emotional challenges, problems other young people in society do not expect to face (Jones, 2011; Bullock et al., 2006). Focus Ireland underline that young people in state care are at greater risk of experiencing homelessness. Focus Ireland says that out of 140 young

people who exited care and who access its services in Dublin, Limerick and Waterford, approximately 20% are homeless or living temporarily in the homes of extended family or friends (see Holland, 2014; Kelleher et al., 2000). This highlights the struggles faced by youth exiting care today underlining that there may be significant gaps in aftercare service provision and in young people's ability and willingness to access services. More research is required on children and young people's attitudes to services on leaving care and how their attitudes may be tied to other factors like discourses of care, freedom and independence.

Educational attainments and transitions to independent living

As shown in previous chapters, children in care are more likely than other children to struggle in school and less likely to attain educational qualifications (Berridge, 2012; Liabo et al. 2012; Healey and Fisher, 2011; Jones, 2011; Avery and Freundlich, 2009). Unrau et al. (2012), for example, highlight that almost half of foster youth in the USA did not complete second-level education. Similarly, Hook and Courtney's (2011) study of employment outcomes for former foster youth found that those who left education without having completed second level were far more likely to be unemployed than those who had. Only one in ten former foster youth who were employed had no second-level diploma (Hook and Courtney, 2011). These educational gaps not only affect outcomes for permanence and stability but also affect how young people transition into the adult phase of their lives, how they develop secure attachments towards others, and their general life chances in areas like employment and pursuing further studies.

Moreover, research in five European countries indicates that at a time when education standards are rapidly rising, gaps in educational achievement between youth in care and other young people are widening (Jackson and Cameron, 2012). Research from the UK also mentions this widening gap (see O'Higgins et al., 2015). Jackson and Cameron's (2012) study found that almost all young people transitioning from care to independent living had experienced school disruption – dropouts, suspensions due to problem behaviour, and transfers – when living with parents of origin and while in care. This highlights the importance of stability in care for enhancing the life chances of youth when they exit care, and for preparing them for transitioning out of care. A Canadian study reviewing educational barriers for youth in care found that foster children repeatedly commented that 'the stress of being in care, the disruption of frequent moves, and the pain of being separated from family members made it difficult to focus on school' (Ferguson and Wolkow, 2012: 1146). Many youth also felt stigmatised because of their 'care' status. They felt peers, social workers and teachers were not cognisant of their circumstances and did not understand the challenges they faced as a consequence of being removed from their families and placed in care (Ferguson and Wolkow, 2012).

Primary and secondary education deficits have obvious implications for foster youth entry into third-level education (Jackson and Cameron, 2012; Unrau et al., 2012; Jones 2011). Unrau et al. (2012) report that in the US, only one fifth of eligible foster youth enter university, and those who do are far more likely than other college students to abandon college before obtaining a qualification. A study by Merdinger et al. (2005, cited in Unrau et al., 2012) of foster youth attending third-level education found that three-quarters felt unprepared to live independently and many faced financial challenges, health problems and mental distress. In addition, increased demand for higher education has extended young people's dependency on parental support, something largely unavailable to youth ageing from care (Berlin et al., 2011).

However, a systematic review of studies of educational attainments of children in care in the UK, conducted by O'Higgins et al. (2015), provides contradictory evidence that being in care leads to negative educational outcomes for children and youth. O'Higgins et al. (2015) concur with previous studies which say that children in care tend to lag behind their peers in educational achievements. However, the link between being in care and lower educational achievements is weakened when other factors such as gender, special educational needs and ethnicity are factored in. O'Higgins et al. (2015) suggest that pre-care experiences like maltreatment and neglect partially account for the relationships between being in

care and lower educational achievements. Citing Krebs and Pitcoff (2004: 365), O'Higgins et al. (2015: 5) argue that 'the foster care system must be fully accountable for what happens to young people in its custody'.

4.4 Enhancing Protective Factors in Young People's Social Ecology: Supporting Youth Who Transition out of care

A protective factor can be defined as a person, process or system that helps to protect a young person from circumstances or risk factors that could adversely affect their quality of life or life chances. Protective factors encompass both formal policy measures and programmes aimed at improving young people's lives. They may also be informal and are closely linked to the concept of family support. Examples of protective factors that are sometimes characteristic of children's social ecologies include social workers, parents of origin, friends and 'other adults' that young people encounter in everyday life. However, this is contextual: for some young people, these persons may function as protective factors; however, in other situations, parents, social workers and other adults may pose significant risks to the child's well-being. Child welfare services are very significant protective factors for children and young people in care.

An abundance of research suggests that families of origin frequently function as 'protective factors' for children and youth in care. They are important sources of informal support, especially during the transition to independent living, offering advice and a range of supports (e.g., financial, emotional) (Avery, 2010; Christiansen et al., 2010; Avery and Freundlich, 2009; Cashmore and Mendes, 2008; Courtney, 2008; McCoy et al., 2008; Stein 2008; Daining and DePanfilis, 2007). Commenting specifically on the importance of family members during the transition out of care, Daining and DePanfilis (2007: 1172) argue that close familial networks – including siblings, grandparents and extended family members – 'sustain youth through their transition to adulthood'. Jones's (2011) research found that some families of young people in transition, who were unable to care for their children when they were younger, had 'matured and worked through their own problems'. These families now were important sources of support (e.g., advice and money) for their young adult children. As shown previously in this monograph, however, research from Australia by Kiraly and Humphreys (2016) underlines that this is contextual.

Kinship relationships and support from other adults

Relationships with people who are not 'blood relatives' (e.g., foster families, non-care peers, adult mentors) are identified as important sources of informal support for youth leaving care (Christiansen et al., 2013; Stein and Dumaret, 2011; Daining and DePanfilis, 2007). These relationships can also be important protective factors for children and youth exiting care. Daining and DePanfilis (2007) point out that youth in several studies of independent living identified foster families as the primary source of life skills training and information (Lemon et al., 2005; Courtney et al., 2001, cited in Daining and DePanfilis, 2007). Such findings, they argue, highlight a need for more enhanced training for foster parents to ensure that they will care effectively for adolescent youth. Research also suggests that child welfare agencies and other services that facilitate transitioning into adulthood should collaborate with caregivers in order to prepare youth in out-of-home care for independent living (Hook and Courtney, 2011; Avery and Freundlich, 2009; Daining and DePanfilis, 2007).

Placement stability is a key protective factor and underpins successful transition to independent living (Stott and Gustavsson, 2010; Cashmore and Mendes, 2008). Some research suggests that a secure foster home helps young people to establish lasting relationships with caregivers and solid connections in their communities (Stott and Gustavsson, 2010; Stein, 2008). Placement stability reduces the likelihood of instability and breakdown and may lead to 'warm and redeeming' relationships with foster parents (Stein 2008: 293). Indeed, Stein (2008: 166) writes that sustained relationships with foster carers 'provide continuity of care in young people's lives, which may give them security and contribute to positive

educational and career outcomes'. Similarly, Martin and Jackson (2002) illustrate the importance of solid relationships with foster carers as a factor that sometimes affects long-term educational outcomes for young people in care.

Exiting care does not inevitably mean that foster family relationships end (Beckett et al., 2014; Christiansen et al., 2013). However, as Christiansen et al.'s (2013: 735; 2010) research indicates, many foster parents face 'uncertain futures' when youth leave their care and transition to independent life. The awareness that youth may decide not to maintain contact can result in carers adopting a 'wait and see' attitude (Christiansen et al., 2013: 735), which can be detrimental to achieving better outcomes for young people long-term (Christiansen et al., 2013). Christiansen et al. (2013) suggest that long-term commitment by carers to actively contact former foster children and to 'be available' when needed is a valuable resource as youth emerge from care.

Youth mentors and supports for youth transitioning out of care
On a related point, in the Irish context, Gilligan (1999) looks at the importance of youth mentors in strengthening resilience of looked-after children in Ireland. Resilience is a contested concept but it is defined here as the ability to bounce back from adversity (see Masten, 2001). Stein's (2005) definition seems highly applicable to children in care; he defines resilience as 'the quality that enables some young people to find fulfilment in their lives despite disadvantaged backgrounds, the problems or adversity they may have undergone, or the pressures they may experience' (see also Stein, 2005, cited in TUSLA, 2014a: 281). There are many factors that influence a child's resilience, including their experiences before going into care and their experiences while in care placements.

Significantly, Gilligan (1999) argues that engagement in youth activities such as sports, mentoring programmes and out-of-school activities significantly enhances young people's self-esteem, and that these activities might benefit a young person to make a 'good' transition out of care. Improving self-confidence and enhancing young people's engagement in activities helps them to think about what their lives might be like 'beyond' care, while also nurturing their interests in activities or topics that they may consider as a potential career. Involvement in sports clubs is also important for building social capital among children and youth and for building relationships with peer networks (for more in-depth comments on social capital, see Scrivens and Smith, 2013).

Gilligan (2001) outlines a number of ways that adults, including social workers, caregivers, mentors and teachers, can help to improve the resilience of youth in care. These pointers are also relevant for children and young people transitioning out of care. They include the following:

- Ensure that all significant persons in a young person's life understand the factors that impact on their resilience.
- All significant persons (e.g., mentors, social workers, foster parents) commit to being the child's 'champion', praising them and acting as good role models.
- Social workers should perform good-quality case co-ordination to ensure that young people manage loss and transition well (Gilligan, 2001, cited in TUSLA, 2014a: 282).

International studies also point to the importance of mentors in the lives of foster youth (see Goldner, 2015). This emphasis on mentoring for improving outcomes is further reflected in the range of mentoring schemes that are currently available to children and young people in Ireland and internationally. In the international literature, mentoring is also identified as important for fostering resilience among youth transitioning from care (Stein and Dumaret, 2011). Mentoring may enhance self-esteem, provide youth with better coping skills and 'a more positive outlook about the future' (Brady et al., 2015; Cashmore and Mendes, 2008; Daining and DePanfilis, 2007: 1172). Stein and Dumaret (2011) identify the following as protective factors for children and young people as they transition out of care: effective services for managing transitions, mentoring, support of former foster carers, and positive family networks. These

are seen as promoting young people's well-being and positive mental health as they transition from care.

Building community of practice among youth in care: Peer-to-peer learning and support groups
Daining and DePanfilis (2007) suggest that support groups may provide important outlets for youth to share experiences of transitioning out of care, and that such groups function as important sources of advice on independent living. Such initiatives also may help young people to develop planning, communication, problem-solving and anger management skills (Stein, 2008; Daining and DePanfilis, 2007). Shared experiences and peer-to-peer learning may also help to alleviate some of the social stigma that youth experience while in care, and indeed after care (see Farmer et al., 2013 for more comments on stigmatisation).

Educational experiences and planning for life 'out of care'
Positive experiences of education are considered protective factors, particularly for the most disadvantaged children (Berridge, 2012; Berlin et al., 2011; Healey and Fisher, 2011; Stein, 2008). Some research suggests that schools and teachers should be accorded important roles in planning for children in care, as they can have a stabilising effect in a child's life and play a key role in their education and development (Healey and Fisher, 2011; Fernandez, 2008). Similarly, Jackson and Cameron (2012) recommend that 'supporting educational attainment should be an explicit duty for social workers and caregivers and relevant training provided to foster carers and residential workers'. For Berridge (2012: 1143), what is important is that child welfare workers and school staff cooperate in order to counteract the indifference or 'minimal attention' often afforded to educating youth in care. Jones (2011: 1927) concludes that welfare services need to provide 'quality educational programmes' to support young people in achieving their educational goals and thereby increase their prospects of living successful and independent lives once they leave care.

Research also indicates that foster parents who supported and were involved in children's education positively affected academic achievement in foster youth (Berridge, 2012; Jones, 2011). A stable placement – residential and foster – where education is prioritised enhances foster youth's life chances considerably (Jones, 2011; Stein, 2008). Failure to complete second-level education in particular is linked with a range of risk behaviours and social problems, including unemployment, substance misuse, antisocial and criminal activity, and early pregnancy (Jones, 2011). Jones (2011) highlights that youth who are goal-oriented – attending university, for example – tend to continue in education even if initial aspirations are not fully realised: for instance, they complete secondary school or resume education at a later point. In a small-scale qualitative US study by Martin and Jackson (2002), adults who exited care reflected on their experiences of being in foster care and how this shaped their educational experiences. Adults who were placed with families who valued and emphasised the importance of education internalised a comparable passion for learning, and some commented that without the support of foster parents, they would not have found their enthusiasm for art and music during childhood and adolescence. This shows that in some cases at least, placement with families who value education may influence young people's career choices. In addition, participants stated that they often did not want to let their foster parents down, and they worked extra hours practising to perfect their talents. Significantly, all of the participants expressed positive attitudes towards their foster parents and the guidance that they gave them with education and career choices.

Similar findings are also discernible in UK studies such as Jackson and Ajayi (2007), which draw on longitudinal results of a study of children in care who progressed to university. These findings further imply that social networks and contacts with family members are invaluable to improving the educational experiences of children and young people. Having the support of foster parents was a highly significant factor: it enhanced young people's experiences of education, leading to better grades, and encouraged them to stay in education for longer.
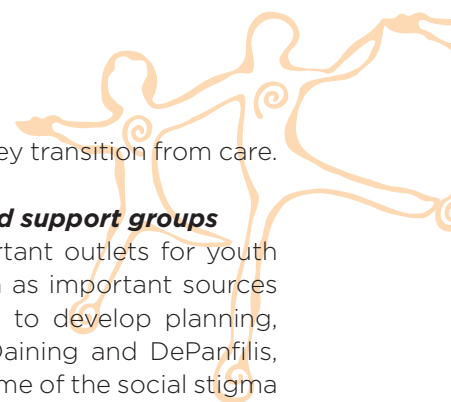
4.5 Supporting Transition to Independent Living: Policy and Service-Level Supports

In many countries, policies have been enacted and support programmes implemented to help youth exiting care prepare for independent living (Courtney et al., 2011; Pinkerton and Collins 2008; Montgomery et al., 2006). In the UK, the Children (Leaving Care) Act, 2000, for example, supports the implementation of an 'independence pathway plan' overseen by a care worker for youth leaving care (Montgomery et al., 2006: 1436). Similarly, in the USA, the Foster Care Independence Act (1999) and the Fostering Connections to Success and Increasing Adoptions Act (2008) provide for education and employment transition programmes and other psychological support and independent living services for youth exiting care between the ages of 18 and 21 years (Courtney et al., 2011; Hook and Courtney; 2011).

In the Irish context, Kilkenny (2012) gives a concise overview of the main legislative developments supporting youth leaving care in Ireland. As highlighted by Kilkenny (2012), The Child Care Act, 1991, was the first piece of Irish legislation to mention the need for aftercare supports in Ireland for young people exiting care. Significantly, Kilkenny (2012) also notes that policy documents for children and youth have ramifications for children and young people exiting care. In particular, the National Children's Strategy (2000) and the National Standards for Children's Residential Services (2001) mention the skills needed to equip young people for independent living (see Kilkenny, 2012: 25). The five service outcomes noted in Better Outcomes, Brighter Futures (2014) are for all children and youth in Irish society, and are therefore noteworthy in this context.

Internationally, Courtney et al.'s (2011) research of foster youth in transition, for example, found that less than 30% of youth studied were in receipt of independent living services despite their high-risk status for experiencing multiple socio-economic harms. In addition, only 28% of 21-year-olds participating in their study indicated that they were 'very prepared' for independent living when exiting care, and many reported that they would have liked more support than they had received (Courtney et al., 2011). Jones (2011) reports that while funding of Independent Living Programmes (ILPs) in the USA has increased since the 1999 Act, it has been to a level where only 'a fraction' of youth exiting care receive transitional services. In addition, services where available are often limited (Jones, 2011).

Kilkenny (2012) highlights that young people's experiences of aftercare services are not always positive. Several participants in Kilkenny's study commented that young people felt isolated and alone, and that once they turned 18, aftercare supports were minimal. Yet as early as 1970, the Kennedy Report (1970) outlined the importance of planning for leaving care. Kilkenny (2012) provides qualitative evidence to suggest that planning processes to prepare young people for life outside of care do not always take place. Significantly, Kilkenny found that the level of support received from families was often very low, mainly due to social deprivation and poverty. Internationally, studies in the UK and USA, for example, found that youth leaving care early – at 17 or 18 years – and without the support of a biological, adoptive or foster family are likely to experience poorer outcomes (McCoy et al., 2008; Stein, 2008).

On a related point, international studies such as Courtney et al. (2011) highlight that youth in group care sometimes receive significantly more support than youth exiting foster or relative care arrangements. Courtney et al. (2011) suggest that organisations providing group care are contractually required to provide 'life skills' training to young people exiting care. Geenen and Powers (2007: 1098) suggest that 'a flexible, individualised and creative approach' to transitioning to adulthood is necessary if youth are to overcome the considerable challenges they face exiting care. They caution against funnelling resources into 'provider-driven' systems that compel youth to 'fit into' ILP and transition services that are not personalised enough to have any major impact on their lives (Geenen and Powers, 2007: 1098). This highlights the need for services that resonate with young people's real-life experiences of being in care. Participants in Geenen and Powers (2007) reported concerns about the lack of opportunities for young

people in care to control their lives generally or to have a significant input into the process of transition. While the ILPs studied had potential to support youth, they were viewed as 'seriously inadequate' in helping youth transition into adulthood and could not substitute for the 'important role' of families and the significance of other meaningful relationships in this regard (ibid. 1098).
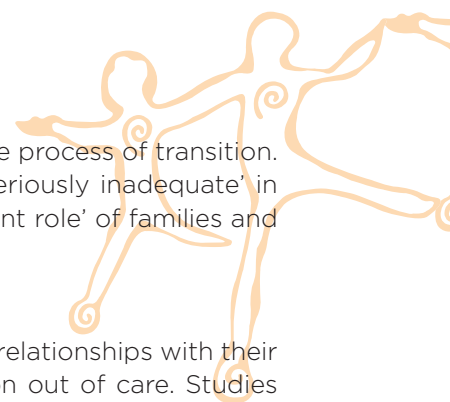
Exploring the complexities of transition: Negotiating family relationships

Recent international research has also focused on how youth exiting care rebuild relationships with their families of origin and the importance of these relationships during the transition out of care. Studies show that many youth negotiate complex emotions when exiting care (see Adley and Jupp Kina, 2015). For many, the process of transition raises painful memories about their lives prior to entering care.

In the US in particular, much emphasis is placed on relationships between youth exiting care and relationships with their families of origin. In many ways, this is unsurprising given the emphasis on reunification in policy and practice. For example McCoy et al. (2008: 744) suggest that supports should extend to preparing youth for 'the complexities' of returning to live with their family, rather than only preparing them to live independently. While in Ireland, many young people do not return home, work by McCoy et al. (2008) reminds us of the emotional landscape that youth exiting care and families of origin often have to negotiate when exiting care. Creating or re-establishing relationships with families of origin (or finding a home) often confronts youth with painful and difficult 'relational histories' which can lead to confrontation, anger and despair (Samuels and Pryce, 2008: 1208). However, Samuels and Pryce (2008) report that many youth in their study exhibited signs of resilience when faced with such difficulties. They found that youth in their study frequently linked 'surviving without help as an indicator of independence and clearly associated this with success' (ibid. 1208). This reminds us that how young people define a successful transition into adulthood is an important issue. In Northern Ireland, McSherry et al. (2013) also found that returning home was a complex process and required a renegotiation of social rules and norms on behalf of parents and young people. Both parents of origin and young people who were interviewed for McSherry et al. (2013) found the process of reunification stressful. Fitting back into the family was not a linear or seamless process for anyone concerned.

Independence and resilience of youth ageing out of care

As highlighted in the previous section, research indicates that youth exiting care often display a strong wish to be 'independent and self-sufficient', highlighting that they display strong resilience (Höjer and Sjöblom, 2011: 2458). Samuels and Pryce (2008: 1208) highlight that youth may be influenced by prevailing social constructions in contemporary societies that elevate individualism and personal autonomy above peer-to-peer learning, reflection and knowledge sharing. Care leavers often emerge into independent life without support of family, and deliberately reject formal and informal support from child welfare services (Höjer and Sjöblom, 2011; Samuels and Pryce, 2008: 1208). Consequently, many do not receive support, emotional or otherwise, that may be helpful in addressing 'past traumas' or support independent living (Höjer and Sjöblom, 2011; Samuels and Pryce, 2008: 1208). It should be remembered that young people are active agents in the world; they recreate their own identities and realities. All care systems have gaps and strengths in how they support young people exiting care. However, young people must be able to accept the aftercare being offered to them. Minimising exposure to risky behaviours and problem factors prior to and during care is critical for helping to ensure that young people are emotionally able to accept help in aftercare services.

The importance of positive youth identities for successful transitions out of care

Stein (2008) links the formation of positive youth identity to positive outcomes for care leavers. According to Stein, youth exiting care need to understand why they entered care in the first place and to reflect on what this means for them and their sense of identity and to make sense of their experiences (Samuels and Pryce, 2008; Stein, 2008). Foster youth need to place their experiences in the context of their complex life histories and reflect or why their parents may have been incapable of caring for them and how this affected their lives (Stein, 2008; Kelleher et al., 2000). According to Stein and Dumaret

(2011: 2510), young people in care who have not been able to 'come to terms with their past' are likely to struggle as they move into independent life and beyond.

Finally, youth leaving care also may support family members on their return home (Samuels and Pryce, 2008). This may be particularly prevalent in families where abuse and neglect occurred or where parents may continue to struggle with addiction or mental health problems (Samuels and Pryce, 2008). Interventions that support families, Samuels and Pryce (2008: 1208) suggest may provide 'a safe way' for youth emerging from care to build valued and supportive relationships with their families. Indeed, much research supports wider, holistic and preventative responses implemented across the life course for children who enter care and those who transition to independent living from care (McCoy et al., 2008; Samuels and Pryce, 2008; Stein, 2008). Stein and Dumaret (2011: 2510) suggest that delivering positive outcomes for children ageing out of care requires:

> interventions across the life-course of children and young people: early intervention in families, including assessment, screening and family support; providing good quality stable care matched to the assessed needs of children and young people; providing opportunities for more gradual transitions from care, more akin to normative transitions, and providing young people with support well into adulthood.

4.6 Service-Level Supports for Youth Ageing Out of Care

The literature states that formal and informal supports from service-level actors (e.g., social workers) and specialist programmes can significantly impact on outcomes for youth ageing out of care. This is dealt with in more depth in the next subsection.

Formal and informal supports from service-level actors
Much research argues that youth leaving care require both the guidance of committed adults and professionals and the support of integrated services (Hook and Courtney, 2011; Jones 2011). This highlights important roles that different actors play in the young person's social ecology and how they impact on successful care outcomes. Geenen and Powers (2007) suggest that programmes often operate separately from other child welfare services and are sometimes seen as just 'another service' that young people have to deal with. This impedes upon agency collaboration, they warn, by creating confusion over the roles and powers of different professionals and services in the lives of children as they exit care (Geenen and Powers, 2007).

Courtney (2008) argues that child welfare policy should support the provision of services to youth exiting care well beyond the age of 18. McCoy et al. (2008) found that youth with behaviour problems, in particular, were more likely to leave care early and that they frequently forgo the assistance and services provided by care systems. In addition, McCoy et al. (2008: 743) found that many youth leave care prematurely because they are frustrated 'with what they perceive to be poor service'. They argue that youth should have greater involvement in the planning and management of their exit from care (McCoy et al., 2008). Independent living placements in communities are identified as transition options that provide youth with 'semi-independence', allowing them to avail of 'less structured programmes' (ibid. 743). Changes in how support is delivered to youth ageing out of care may increase the numbers benefiting from transitioning programmes (McCoy et al., 2008).

In a similar vein, Avery (2010) questions the efficacy of implementing programmes to promote independence, claiming it is doubtful that we can live and develop independently and be 'self-reliant' at any age, let alone at 18 years (Avery, 2010: 402). She suggests that child welfare philosophy is moving towards a position of 'interdependence' which combines effective preparation of foster youth with independent living skills and other measures to help youth build supportive and enduring relationships (Avery, 2010: 402; Samuels and Pryce, 2008).

4.7 Chapter Summary
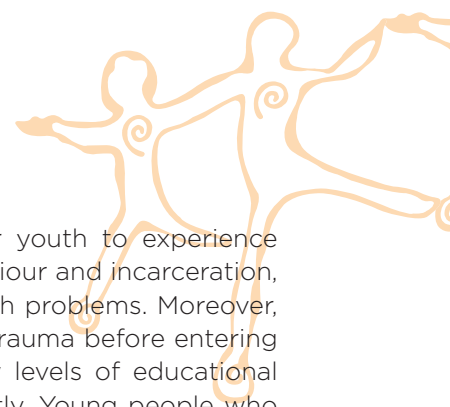
Research indicates that youth ageing out of care are more likely than other youth to experience unemployment and homelessness, poverty and social exclusion, offending behaviour and incarceration, victimisation, early pregnancy, substance misuse, and physical and mental health problems. Moreover, youth exiting care are particularly vulnerable due to their history of abuse and trauma before entering care, placement disruption and multiple moves experienced while in care, low levels of educational qualification, and the stressors associated with leaving care to live independently. Young people who experience care are also less likely to be able to access support and guidance from family members or to draw on the supports of other significant adults as they move into independent life.

Research indicates that the experiences of youth transitioning to adulthood while in care are far removed from the emerging process of adulthood which is common for most youth. Foster care disrupts relationships with biological parents and extended families. Children in care, particularly those who experience placement instability, often exit care without familial care and the support frequently provided by adults they have known for long periods of time. Poverty also is a key factor determining involvement in child welfare systems. A sudden loss of support once youth transition from care into adulthood – in terms of housing, financial supports, advice on health, educational support and a range of other services – produces a range of socio-economic challenges, problems other young people in society often do not face.

Much research suggests that child welfare services should help foster youth to maintain relationships with families of origin, including extended family members, who are identified in the literature as important sources of informal support, especially during transition to adulthood. Relationships with foster families, members of peer groups, and adult mentors also are identified in research as important sources of informal support for youth leaving care. International literature also suggests that child welfare agencies and other services should collaborate with caregivers, for example through training and support, in preparing youth in out-of-home care for independent life.

A secure foster home helps youth to establish lasting relationships with caregivers and solid connections in their community. Placement stability and a sense of belonging and connectedness to carers, when combined with social support and positive contact with one's family of origin, are often reported as contributing to positive outcomes in adulthood. Studies also indicate that foster parents who supported and played an active role in their foster children's education affected academic achievement among foster youth. Indeed, stable care placements – foster and residential – where education is prioritised are identified as enhancing life chances considerably.

Much research argues that youth leaving care require both the guidance of committed adults or professionals and the support of integrated services. Several authors argue that child welfare policy should support the provision of services to youth exiting care well beyond the age of 18. International studies indicate that youth with behaviour problems, in particular, were more likely to leave care early and forgo the assistance and services provided by child care systems. Research found that many youth leave care prematurely because they are frustrated with available service provision, and several authors have argued that youth and young adults should have greater involvement in the planning and management of their exit from care.

Research indicates that transitioning supports should also extend to preparing youth for the complexities of returning to live with their family and to live independently. When creating or re-establishing relations with their family of origin, some youth are confronted with painful and difficult relational histories and are likely to struggle as they move into independent life and beyond. Many do not receive support, emotional or otherwise, that may help them address past traumas or support their independent living.

Service agencies should, according to several studies, combine effective preparation of foster youth for independent living skills with other measures to help youth build supportive and enduring relationships. The research evidence presented in this chapter highlights that services need to support the relational aspects of leaving care (e.g., maintaining or building up supportive relationships) and the young person's education and employment needs. In particular, interventions that help to address the emotional turmoil that go along with leaving care need to be supported. Better outcomes in adulthood are associated with 'the presence of a supportive adult' while in care and 'prolonged support' as young people transition out of care (Stein and Dumaret 2011: 2510).

To summarise, some of the principal factors identified in the literature as impacting on youth transitioning out of care include the following:

- Educational deficits and experiences of education
- Support of foster carers and other adults who can offer support and advice to help the young person to cope with this transition
- Effective planning to help the young person cope with life outside of care
- Effective aftercare supports for youth from service-level actors.

5.0

Measuring Outcomes for Children in Care

5.1   Introduction

Chapter 5 focuses on measuring outcomes for children in care. The opening sections of this chapter provide a comprehensive definition of outcomes, and also illustrate the centrality of outcomes to Irish and international policy and research on children and youth. Throughout this section, we also focus on some scientific and methodological issues to do with measuring outcomes and using different forms of evidence in outcomes research. Despite the predominance of quantitative measures in outcomes research, we argue that a pluralist approach to evidence is important, as it promotes a more holistic understanding of the lives of children in care and outcomes for permanence and stability. The final sections of the chapter provide additional guidance on useful quantitative tools and approaches applied in leading Irish and international studies to measure different types of outcomes (e.g., educational) for children in care.

5.2 Measuring Outcomes for Children in Care: An Outcomes Focused Approach

Internationally, there is increasing recognition of the need for child welfare services to develop systems 'aimed at increasing accountability, improving service quality, and achieving better outcomes' for individuals served (Carnochan et al., 2010 2; D'Andrade et al., 2008; Wells and Johnson, 2001). In the USA, for example, legislation[15] enacted during the 1990s mandated the development of outcome and performance measures for child welfare services and programmes (Samples et al., 2013; Shaw, 2010; Schuerman and Needell, 2009; D'Andrade et al., 2008). Underpinning this (and other) legislation was the aim of reducing long-term foster care and encouraging permanent solutions in child welfare cases (e.g., reunification and adoption) (Carnochan et al., 2013a; Samples et al., 2013; Lou et al., 2008). Strengthening performance and accountability in programmes and services was perceived by policymakers as central to achieving these objectives and to improving outcomes for children in foster care (McGowan, 2010; Schuerman and Needell, 2009).

In Britain and Northern Ireland, too, there is an emphasis on achieving outcomes for children in policy and research arenas. In the Republic of Ireland, policymakers and service users alike have become increasingly adept with concepts like evidence-based practice, evidence-informed policy and evidence-led policy. These terms have distinctive meanings which relate to prevailing perceptions about the need to incorporate rigorous scientific evidence into policy and practice. Such terms are also focused on outcomes and achieving good results for children and young people. This is discernible in key policy documents in child and youth services such as Better Outcomes, Brighter Futures (2014) and the National Children's Strategy (2000). This emphasis on outcomes for children, youth and families emerged partly in response to the incorporation of New Public Management (NPM) models in the public service, calls for greater transparency in government spending and a growing recognition in society and policy that all children and families must be protected.

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15   See the Government Performance and Reporting Act, 1993; the Amendments to the Social Security Act, 1994; and the Adoption and Safe Families Act, 1997.

Bamber (2012) argues that implementing outcomes-focused approaches in policy and services in Ireland is extremely important. However, Bamber (2012) also warns that this requires coordinated local, national and interagency working. Significantly, Bamber (2012) also comments on the importance of informing practice with evidence which is robust and scientifically led. Lack of evidence for policy and practice can lead to funding problems, lack of credibility, lack of focus in programmes and lower statistical confidence in results about the effectiveness of programmes.

Bamber (2012) also implies that services and policymakers need to keep outcomes in mind when planning and implementing policies for children and youth. This further implies that services need to prioritise outcomes from the inception and planning stages for policy and programmes. Citing Devlin and Gunning (2009), Bamber (2012) gives examples of how particular outcomes might be incorporated into measurement tools in youth work. While it is acknowledged that outcomes for permanence and stability are markedly different from youth work per se, Bamber (2012) provides an accessible resource, inciting dialogue into ways that outcomes-focused approaches might be taken on board by child and youth services planners.

5.3 The Role of Outcomes in Child Welfare Practice: International Perspectives

Over recent decades, there has been substantial interest in factors impacting on child well-being and life chances (Lippman et al., 2011; Rees et al., 2010). Many nations, including Ireland, have, for example, adopted child well-being indicators which are applied to monitor and evaluate child services, set policy goals and targets, and ensure greater accountability and transparency (Lippman et al., 2011; Hanafin and Brooks, 2009). In child welfare, outcomes assessments encompass concerns for children's rights and what is in the best interest of the child, which moves away from 'deficit- and pathology-based' models of child and youth development (Lou et al., 2008; Barth and Jonson-Reid, 2000). This is bolstered by a greater recognition of the agency of children and young people and a growing discourse on children's participation (see Dolan and Kennan, 2016; Checkoway, 2011). Children's well-being is seen as a key priority in child services globally, and well-being measurement tools are widely used for measuring outcomes for children in care internationally (Lou et al., 2008; Barth and Jonson-Reid, 2000). This represents a broad shift towards appreciating children's needs, rights and emotions in policy and service contexts.

That said, well-being is a contested concept; there are multiple definitions of what well-being means and also what terms such as stability and permanence mean to different people (see Navarro et al., 2015). Research into well-being, permanence and stability therefore needs to be designed and completed in a theoretically and methodologically robust fashion, which recognises that substantial differences (and similarities) exist on how actors interpret these terms but which is also grounded in the need to generate methodologically and scientifically robust evidence.

Despite the prevalence of outcomes in policy and research, Barth and Jonson-Reid (2000: 764) argue that apart from preventing further abuse and neglect there is sometimes 'little consensus on what specific outcomes' services aim to achieve. Kaye and Osteen (2011: 2146) suggest that despite child welfare services engagement with evidence-based practice and early intervention, few programmes have 'demonstrated both strong evidence and high child welfare relevance'. This represents a substantial concern for policymakers and practitioners alike (e.g., how to design measures and generate evidence that programmes are working for young people and improve both 'soft' and 'hard' outcomes over time). In Ireland, there appears to be a sparse quantitative literature which uses multi-factorial analyses or longitudinal approaches specifically in relation to outcomes for children in care. Irish research and child welfare policy would benefit substantially from greater adoption of longitudinal research approaches to chart the significance of programmes and policies over time.

5.4 Assessing Child and Youth Well-being in Child Welfare Practice

Lou et al. (2008) review assessment instruments in child welfare practice from a strengths-based and well-being perspective. They conclude that despite developments in well-being measures overall some practical obstacles and methodological weaknesses remain. They argue that measures of well-being are most useful when they include the multi-dimensional and dynamic nature of children's development in assessments of risk and protective factors (Lou et al., 2008: 113). From this perspective, child welfare services need to consider the 'development processes of a child' when evaluating well-being (Lou et al. 2008: 113). For example, well-being indicators for young children are likely to vary considerably from those appropriate for use with older children and adolescents. Moreover, the often complex emotional and behavioural factors that impact on the lives of children in care are likely to make the development of appropriate measures difficult (Lou et al., 2008).

This suggests the importance that should be accorded to the voice of the child in assessing well-being, and how they see themselves, their relationships with family members, friends and connections with others, which are critical to how they make sense of the world. It also implies that quantitative measures might be complemented by qualitative inquiry into how children and youth understand and experience risk and protective factors in their lives, thus showing the multi-layered nature of indicators for permanence, stability and well-being. Similarly, Ben-Arieh et al. (2014) argues that studies of children's and young people's well-being should take account of the following: (1) children's and adolescents' living conditions and objective measures of their well-being; (2) children's views on their subjective well-being; and (3) perceptions of children's well-being among other social agents involved in their lives (e.g., teachers, parents, mentors). This approach is commensurate with socio-ecological approaches which emphasise how children's lives and outcomes for permanence and stability are multi-faceted and multi-layered. Nevertheless, the combination of qualitative and quantitative data in outcomes studies raises many questions about the role of evidence in outcomes studies.

Lou et al. (2008) argue that developing well-being measures for children requires the input of multiple informants and perspectives. They should take account of identity issues and the impacts of social networks on the well-being of children and youth. Instruments measuring a single domain in a child's life, they maintain, will not capture this diversity or the complexity inherent in the lives of children in care (Lou et al., 2008). This pays attention to the intersections and relationships between variables in impacting on children's lives in care and how they experience different outcomes. A review of international research also highlights the prevalence accorded to multi-factorial analyses in recent studies which highlight the interconnectedness between factors affecting permanence and stability.

Table 2 below summarises some of the domains of child and youth assessment used in international literature in the assessment of children's well-being (Lou et al., 2008).

AGE	DOMAIN	SAMPLE COMPONENTS	MEASUREMENT TYPES
0 to 5	Language	Language precursors, vocabulary, concepts, integrative language skills, phonological awareness, receptive, expressive, speech	Intelligence tests, standardised tests of early language, development assessment
	Cognition	Fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, working memory, non-verbal problem-solving	Intelligence tests, general measures of cognition, development assessment
	Physical	Normative standards of growth and development, gross motor, fine motor	Developmental screening & assessment, specialised instruments, physical examination
	Socio-emotional	Internalising and externalising problem behaviours, regulatory problems, self-help, social competencies	Behaviour screening, development assessment
6 to 12	Language and communication	Basic syntax, grammatical structures, receptive, expressive, speech	Intelligence tests, standardised tests of early language, assessment of delays
	Cognitive ability & academics	Fluid reasoning, knowledge, quantitative reasoning, visual-spatial processing, academic achievement and skills	Intelligence tests, general measures of cognition, standardised academic tests
	Physical health & development	Normative standards for growth and development, risk-taking behaviours related to health	Physical examination, self-report surveys of behaviours
	Socio-emotional	Social competence, internalising and externalising behaviours, self-concept, identity development, self-regulation, coping peer relationships, social skills, self-esteem	Behaviour checklists / screening tools, self-report surveys
13 to 18	Personal competence / emotional	Identity, sense of self, self-esteem, self-concept, self-image, self-efficacy, positive outlook	Self-report survey, standardised tests
	Social	Social networks, social interaction, peer relationship's, social competence, social support, coping, social skills	Self-report survey, standardised tests
	Environmental context	Community disorganisation, opportunities for self-fulfilment and participatory activities	Self-report survey, community level data
	Cognitive / intellectual	Academic achievement, reasoning and problem-solving skills, decision-making	Academic reports, self-report survey, standardised tests

Lou et al. (2008) suggest that using quantitative survey instruments that assess well-being, when interpreted alongside other indicators of well-being such as medical and school records, serve several important purposes for children, their families and child welfare services. They argue that well-being assessments can be influential in important care decisions including 'temporary removal and disposition, out-of-home placement considering reunification, permanent placement hearing, and transition and emancipation' (Lou et al., 2008: 113). They also may be useful in preventing re-abuse of the child and their siblings, identifying needs, informing programme implementation, and influencing child welfare policy (Lou et al., 2008).
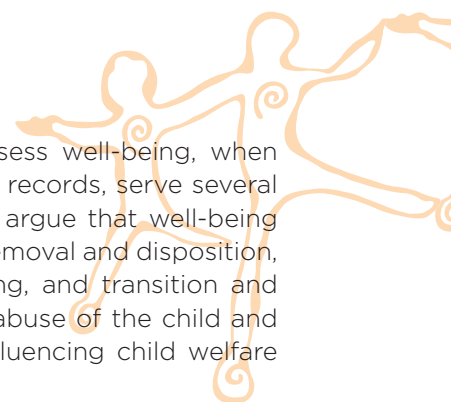
The evolution of conceptual studies of parenting processes has afforded child welfare practice and research the capacity to examine parenting in high-risk contexts and in foster care (Jones Harden et al., 2008). Jones Harden et al. (2008: 880) suggest that the proliferation of instruments used to measure parental attitudes has provided 'an inexpensive means of assessing the parenting milieu in which children are reared'. For example, in their study they used the Foster Parent Attitudes Questionnaire (FPAQ) to record parenting attitudes associated with the quality of foster or relative care experience. While this measure is not without its limitations (e.g., some subscales had low levels of reliability), Jones Harden et al. (2008) report that the FPAQ has the capacity to inform practice on the supports that can help enhance children's and foster carers' placement experiences.

Research suggests, however, that measuring outcomes of children in and out of care from a well-being perspective is, in many instances, weakened by 'a lack of consensus' on how well-being (or development) should be defined and therefore measured (Lippman et al., 2011; Lou et al., 2008: 111). Assessments of well-being influenced by perspectives that separate individual factors from a child's overall socio-economic context or that focus predominantly on risk factors, for example, have dominated analyses based on 'the strengths and competencies of children and youth' (Lippman et al., 2011; Lou et al., 2008: 112). Some measures evaluating child well-being have 'not yet attained the level of reliability and validity' of other methods used to evaluate outcomes for children in care, for example, risk of abuse (Lou et al., 2008: 112).

5.5 Negotiating Methodological Credibility: An Overview of Qualitative and Quantitative Evidence in Outcomes Research

Outcomes for children and young people, like well-being, can be captured 'subjectively' and 'objectively' through qualitative and quantitative methods (see Shenaar-Golan, 2015). Traditionally, quantitative methods (e.g., survey questionnaires) were lauded as more 'objective' methods of measurement. They were seen as objective, independent and scientific (see Bryman, 2012). However, in more recent times, social scientists have increasingly scrutinised distinctions between subjectivity and objectivity and differences between qualitative and quantitative approaches to research. Morgan (2007), for example, argues that differences that are often ascribed to qualitative and quantitative methods are socially constructed and are in many ways overstated. Nevertheless, causality (i.e., indicating that strong or weak relationships exist between two variables) is still taken as more objective evidence 'proving' that certain programmes work well or not (Bamber, 2012).

The literature also notes that the credence accorded to different forms of evidence is hierarchical. Studies that use Randomised Control Trials (RCTs) are typically seen as a highly objective form of evidence because they are draw upon 'scientific' methods. In contrast to this, qualitative observations through interviews or Participant Observation (PO) are seen as sitting on the opposite end of the spectrum, and as 'weaker' forms of evidence. That said the importance of qualitative methods in child and youth studies is evident in the plethora of qualitative research on the topic completed in recent years particularly. Moreover, this distinction between strictly scientifically based approaches (e.g. Randomised Control

Trials (RCTs) and qualitative interviews is misleading, as it overemphasises differences between methods and types of information that are yielded through social scientific inquiry (see Bryman, 2012).

Fives et al. (2014) adopt a pluralist approach to evidence, thereby refuting arguments put forward by those who see RCTs as 'gold standard' research, and others who contend that RCTs are sometimes inappropriate to answer some research questions. Fives et al. (2014) contend that evaluation studies often require experimental and non-experimental results that are analysed and presented in tandem. Non-causal evidence is a critical component of evaluating child and family interventions using mixed-method approaches (see Canavan, 2015). Comparable to Fives et al. (2014), Mertons and Hesse-Biber (2013) argue for mixed-method approaches to evaluation that marry different philosophical and theoretical perspectives to provide evaluators with 'more complex and diverse perspectives on the creation of evidence' (p. 5).
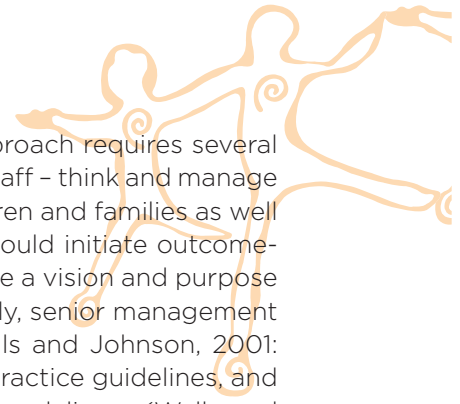
5.6 Implementing Outcomes-Focused Approaches to Policy and Practice: An Overview

Wells and Johnson (2001: 177) argue that reform challenges to systems and agencies and the incorporation of outcomes perspectives require alterations in how organisations 'think and behave'. Moving from a 'process-oriented approach to outcomes-based management systems in agency practice' may be difficult but can provide 'increased clarity of purpose and goal achievement' (ibid. 177, 195). Successful incorporation of an outcomes perspective requires 'careful, strategic planning and decision making' in all aspects of agency work, particularly in developing and implementing services and programmes (Wells and Johnson 2001: 177). In addition, child welfare services and agencies must define 'effective and efficient pathways' to positive outcomes for children (Wells and Johnson, 2001: 170) Reviewing child welfare processes and programmes and subsequently reporting this information informs public policy in this area, recognises and highlights effective programmes, good practice and goal attainment, and identifies services and methods not delivering specified outcomes for children (Wells and Johnson, 2001).

In addition to establishing service efficacy and increasing accountability, assessment of child welfare outcomes can have positive ancillary impacts on services (Wells and Johnson, 2001). For example, gathering and then evaluating and acting on findings may strengthen service delivery and quality, clarify spending and targeting, identify child welfare needs, help long-term planning, support interagency collaboration, retain and develop funding streams, and advance public support for child welfare intervention (see Barth and Jonson-Reid, 2000). Indeed, Barth and Jonson-Reid (2000) link the introduction of Independent Living Programmes (ILPs) in the USA with performance measuring which obligated agencies to define (and collect data on) longer-term outcomes for children in care.

The Literature Review for the Framework for Integrated Planning for Outcomes for Children and Families (CAWT, 2008: 9–10) outlines a number of factors that need to be considered when implementing an outcomes focused approach. These include the following:

1. Outcomes-focused agendas require the adoption of a common language and shared meanings.
2. A clear distinction between measuring outcomes at a population level and measuring agency performance must be made.
3. The process must be accountable at all stages.
4. There should be a minimum of bureaucracy at all stages.
5. Outcomes should be defined by those affected.
6. There should be a sense of ownership and responsibility by all involved in the process.

Wells and Johnson (2001) also say that implementing an outcomes-focused approach requires several important adaptations in how child welfare services – management and frontline staff – think and manage services and programmes. Agencies should consider how they interact with children and families as well as how they are held accountable. They emphasise that child services bodies should initiate outcome-focused and performance management systems that clearly identify and articulate a vision and purpose for change. This is necessary, they maintain, to ensure stakeholder and, particularly, senior management commitment to the process of connecting 'goals, services and outcomes' (Wells and Johnson, 2001: 178). The change process should be accompanied by training and support, best practice guidelines, and the development of logic models linking programme implementation and service delivery (Wells and Johnson, 2001).

In addition to training in the concepts and practice of outcome-based systems, research suggests that service providers require expert support (Kaye and Osteen, 2011; Wells and Johnson, 2001). This is necessary, Wells and Johnson (2001) maintain, to effectively and efficiently integrate new monitoring practices used to produce evaluative data from which services can identify and clarify appropriate child welfare indicators and outcomes. They argue that the development of logic models – displaying inputs, outputs and outcomes – for example is an effective process in charting intended outcomes, that is, how children are impacted by agency activities. In addition, the coordinated use of best-practice standards in service delivery helps create guides or manuals linking actions with specified goals (Wells and Johnson, 2001). Service inputs and programme actions follow defined steps – clear to all stakeholders – in achieving intended outcomes (*ibid.*).

Wells and Johnson (2001) identify nine steps in selecting outcomes, domains and indicators to be measured:
1. Involve all stakeholders in deciding what outcomes are to be included.
2. Review agency and service goals and consider level of agency or programme development in order to determine the desired outcomes of the work.
3. Develop an outcomes framework for determining domains and indicators (in order to understand service or programme outcomes).
4. Determine outcome domains and indicators to be included in each.
5. Update or develop monitoring and evaluation procedures in order to record, report and monitor performance.
6. Add additional indicators as required (e.g., in cases of re-abuse, reunification breakdown and return to care).
7. Create procedures for examining if unintended outcomes may occur.
8. Assess the validity and reliability of the indicators and measures selected.
9. Consider feasibility and costs of gathering data on selected outcome measures.
10. Develop ways of disseminating feedback to all stakeholders.

5.7 Performance Measurement: An Overview

Performance measurement is the 'process of using indicators and measures to assess and present the achievement of a program's mission, goals, objectives, and targets' (Duquette and Stow, 1993, quoted in Wells and Johnson, 2001: 170). Barth and Jonson-Reid (2000: 764) argue that recording and tracking outcomes for children in care 'is a vital tool' informing child welfare service delivery and planning. Knowledge and understanding of how services and programmes are working, they suggest, help identify children among the care population who benefit or not from being in out-of-home care and receiving the services and treatments provided (Barth and Jonson-Reid, 2000).

Since 2001, US federal funding of child welfare services is contingent on participation in the Child and Family Review (CFSR) (Samples et al., 2013; D'Andrade et al., 2008). Compliance with the CFSR requires

that child welfare systems systematically collect data on child welfare targets so that the performance of services and programmes provided conform to federal child welfare standards and goals (Samples et al., 2013; Shaw, 2010; Schuerman and Needell, 2009). The CSFR assesses data gathered against seven outcomes across the safety, permanency and well-being domains (see Table 3).

Table 3: CSFR Outcome Measures

| DOMAIN	OUTCOME	MEASURES
Safety	Children are protected from abuse and neglect	Quantitative administrative data
	Children are safely maintained in their homes when possible	Qualitative data from the case review process
Permanency	Children have permanency and stability in their living situations	Quantitative administrative data
	The continuity of family relationships and connections is preserved	Qualitative data from the case review process
Well-being	Families have enhanced capacity to provide for children's needs	Qualitative data from the case review process
	Children receive adequate services to meet their educational needs	Qualitative data from the case review process
	Children receive adequate services to meet their physical and mental health needs	Qualitative data from the case review process

(Sources: Shaw, 2010; D'Andrade et al., 2008)

Specifically, the CSFR measures outcomes for children in care by assessing case review and administrative data collected by child welfare services (D'Andrade et al., 2008). This is a three-stage process that includes:

a) Peer review – assessment (by external reviewers) of sample case records and interviews with child welfare staff (Samples et al., 2013)
b) Self-assessment – against pre-defined outcomes for children in care (Carnochan et al., 2013).
c) Strategic planning to improve performance in areas of need identified in the process (Carnochan et al., 2013).

Fidelity monitoring
Kaye and Osteen (2011: 2146) identify fidelity monitoring as a 'critical strategy' in implementing welfare programmes and services. It strengthens practice, they argue, by providing practitioners with an assessment of how interventions with children operate and whether they are been implemented as intended, and provide real-world examples in which outcomes for children in care (and their families) can be measured and evaluated (Kaye and Osteen, 2011: 2146). Other benefits include informing interventions in real time – before an outcome evaluation is complete or where practice has 'drifted' away from an intended policy – and identifying specific needs for children in care, such as mentoring, coaching, and skills development. Several models of fidelity monitoring exist, some of which are outlined in Aarons et al. (2010) and Schoenwald et al. (2011).
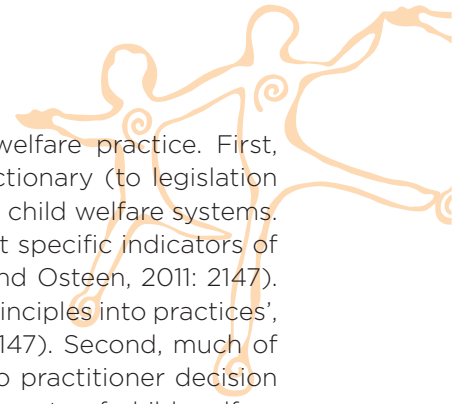
Despite this, however, challenges exist for those measuring fidelity in child welfare practice. First, defining the criteria by which fidelity is measured is often impacted by its reactionary (to legislation and policy) and crisis-led nature, which Kaye and Osteen (2011) argue is typical in child welfare systems. Consequently, 'policy directives' and 'practice principles' can be imposed without specific indicators of process and without outcomes necessarily being identified or available (Kaye and Osteen, 2011: 2147). Practitioners often require assistance from evaluators in order to 'operationalise principles into practices', including the identification of relevant fidelity criteria (Kaye and Osteen, 2011: 2147). Second, much of child welfare practice is of a social worker–client nature and therefore subject to practitioner decision making and expertise. Kaye and Osteen (ibid.) suggest that these important aspects of child welfare practice require 'more subjective measurement' and are the 'most difficult to assign fidelity criteria'. Third, measures and instruments used to measure fidelity have to be feasible and effective for use in everyday practice situations (Kaye and Osteen, 2011).

Kaye and Osteen (2011) identify four approaches used in child welfare to measure fidelity in child welfare practice:

- Secondary analysis of administrative data (e.g., number of services or interventions provided, programme attendance rates)
- Ethnographic observation (of the practitioner implementing the intervention)
- Structured observation (e.g., assess fidelity through behavioural coding of practitioners' or facilitators' behaviour during interventions)
- Multi-informant measures – of service delivery, utilisation and experience, for example (e.g., combining interviews, surveys, administrative data review in order to capture the performance of clients, providers and administrators when assessing fidelity).

Compliance with outcome and performance measures creates challenges for child welfare services (Schuerman and Needell, 2009; Lou et al., 2008). According to Carnochan et al. (2013b), literature highlights the need for balanced stakeholder involvement, balancing flexibility and local priorities with the accountability mandates of external reviewers, and taking account of local contexts in measures that assess performance standards.

In the USA, studies have identified factors complicating the CFSR process of measuring outcomes for children in care (Schuerman and Needell, 2009; D'Andrade et al., 2008). These include failing to take account of the demographic variations between regions, differences in caseloads across regions, taking a short-term view of agency performance (in delivering outcomes for children), and incompatibility in the measures and methods of analyses used, for example instruments to measure reunification conflict with those measuring placement stability (Schuerman and Needell, 2009). Practitioners in Schuerman and Needell's study (2009) also complained that outcome measures used in early CFSR processes were weakened because they were based on recordings of care populations and exit rates from one moment in time rather than any longitudinal analyses of outcomes for children in care (see Shaw, 2010).

Wells and Johnson (2001) also caution against heightened service agency or practitioner expectations and possible overreliance on information produced in outcome and performance-based systems. They suggest that practitioners need to determine the appropriateness of measures to the information that they need and expect, and how best to inform system change.

5.8 Measuring Outcomes for Permanence and Stability in Care: UK and Irish approaches

Studies accessed as part of this review and alluded to in previous chapters incorporate detail on quantitative tools and qualitative approaches adopted by authors to 'map' outcomes for permanence and stability for children in care. A number of these are worth taking note of, although more extensive guides to the instruments themselves and how they were developed are usually incorporated into each article. While this is not an exhaustive list, it represents some of the measures used by leading studies for children in care in Ireland, Britain and Northern Ireland, written by established researchers and academics. It is important to remember that no one measurement tool is applicable for all circumstances or for use in all populations. Selecting individual tools must be guided by the type of information you want to find out at a particular point in time.

Charting educational outcomes for children in foster care
Daly and Gilligan (2005) completed structured interviews with over 200 children and foster carers in Ireland. Many of these were analysed using quantitative techniques: Statistical Package for the Social Sciences (SPSS).

Some of the main outcomes which Daly and Gilligan (2005) focused on were as follows: number of years child spent with foster carer, number of years spent in care, attendance at mainstream or special school, school attendance, behaviours at school, progress at school, and foster carer's perceptions of academic abilities at school (ability to do well in state examinations).
Nationally, in the UK, reports by the Department of Education (2013) use comparable indicators to map educational progression or regression among children. This includes comparative analyses of how children in care fare against their peers at 'Key Stages' in areas such as reading, mathematics and languages. It also encompasses items on number of GCSEs attained by children in care compared with their peers, percentage of children in care with an SEN, and proportion of children in care excluded from schools (see Harker and Heath, 2014).

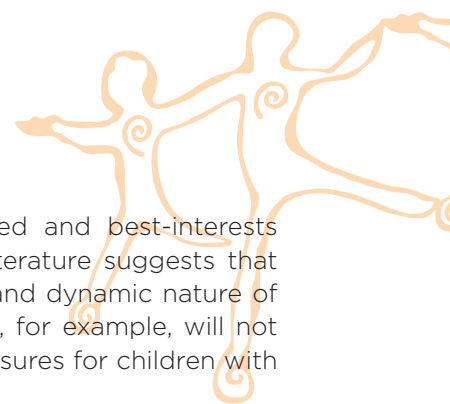**Mapping outcomes for children in care: Mixed-method approaches**
Biehal et al. (2011) use a mixed-method approach to capture outcomes. This encapsulates focus groups, census data, a survey questionnaire and historical data. Some of the key indicators used were how many children exited care, whether they aged out of care, were reunified with families of origin or adopted, and how long they spent in foster care. A substantial census sample of 374 children enabled Biehal et al. (2011) to map outcomes for young people, yielding data on how age, carer-related reasons and the severity of behavioural factors shaped permanence. Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ) was also used to chart emotional and behavioural difficulties, facilitating comparisons between children in different forms of care (e.g., adoption and long-term foster care).

The Care Pathways and Outcomes Study, QUB Northern Ireland
The Care Pathways and Outcomes Study at Queen's University Belfast uses mixed-method approaches to capture children's experiences of care and factors affecting permanence outcomes. It used Goodman's (1997) SDQ and a number of other tools such as the Parenting Stress Index – Short Form (PSI-SF) (Abidin, 1990) and Piers-Harris Self Concept to chart children's self-concept.[16] The Care Pathways and Outcomes Study is concerned not only with outcomes per se, but with parental and child learning and relationships that affect children and young people's journeys through care.

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16   Please see: http://www.cup.ualberta.ca/wp-content/uploads/2012/06/FINAL_Piers-Harris-2_May-2012.pdf for more information on the PSI-SF measurement tool.

5.9 Chapter Summary

Measuring outcomes for children in care encompasses children's rights-based and best-interests concepts and has moved away from deficit- and pathology-based models. Literature suggests that outcome measures are most useful when they embrace the multi-dimensional and dynamic nature of children's development. Instruments measuring a single domain in a child's life, for example, will not capture the diversity and inherent complexity in the lives of children in care. Measures for children with complex needs require the input of multiple informants and perspectives.

Measuring outcomes for children in care – when interpreted alongside other indicators of well-being – serve several important purposes for children and families and for child welfare services. These include informing care decisions, removals and dispositions, placements, reunifications, placement hearings, transitions into independent life and preventing re-abuse. The assessment process may strengthen service delivery, quality and interagency collaboration, planning and targeting; identify child welfare needs; retain and develop funding streams; and advance public support for child welfare intervention.

Much has been written about developments in child welfare systems aimed at improving service quality and achieving positive outcomes for children. Strengthening performance and accountability in programmes and services is perceived by policymakers as central to achieving these objectives. In particular, recording and tracking outcomes for children in care has been highlighted as an important process, informing child welfare service delivery and planning. Knowledge and understanding of how services and programmes are working, it is suggested, helps practitioners identify children among the care population who benefit or not from being in out-of-home care and users of the services and treatments provided. The literature accessed indicates that reviewing and assessing child welfare services and programmes and, subsequently, reporting this information informs child welfare policy; recognises and highlights effective programmes, good practice and goal attainment; and identifies services and methods not delivering specified outcomes for children.

Compliance with outcome and performance measures presents challenges for child welfare services. Literature highlights the need for balanced stakeholder involvement, balancing flexibility and local priorities with the accountability mandates of external reviewers, and taking account of local contexts in measures that assess performance standards. Assessments should take account of the demographic variations between regions and differences in caseloads across regions. Also, performance reviewers should resist basing conclusions solely on short-term or once-off snapshots of agency performance (in delivering outcomes for children), and only use appropriate instruments and measures. Lastly, research cautions against heightened service agency or practitioner expectations of assessment and monitoring processes and possible overreliance on information produced in outcome and performance-based systems.

To summarise some of the main issues in this chapter, the literature suggests that the following matters should be considered in relation to outcomes for children in care:

- the significance accorded to outcomes in child and family policy and research
- The use of evidence in outcomes research (e.g., qualitative evidence, quantitative evidence and pluralist understandings of evidence)
- Using different measurement tools to assess whether outcomes are being achieved
- Organisational factors that shape and reflect the implementation of outcomes-based approaches in policy and practice.

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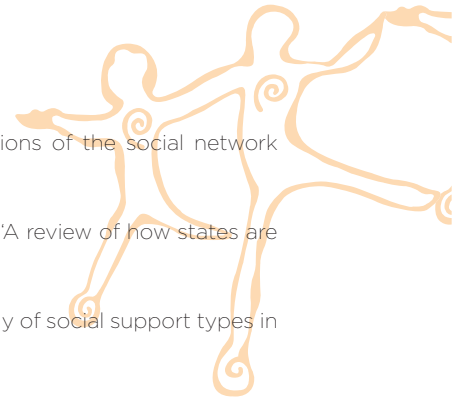
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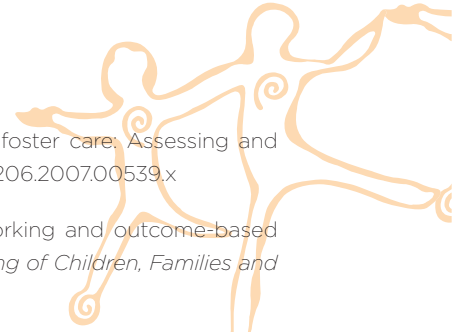
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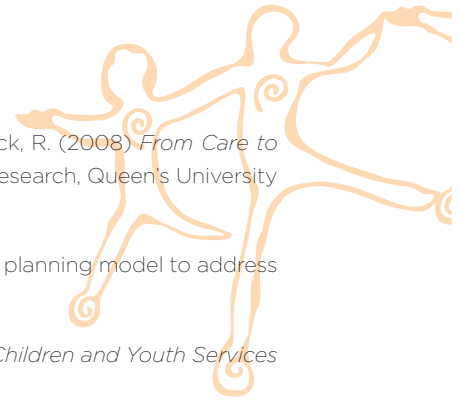
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