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Lifecourse and Society



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



Practitioner Guide to Literature Review:

Permanence and Stability for Children in Care

BY

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Introduction

The purpose of this guide is to provide key messages from the main literature review for practitioners who wish to use the literature for report writing, court, case conferences and similar work processes.

This guide is written in recognition of the challenge for practitioners to find time to read full reviews for each report that must be written, and also in recognition that literature reviews written in traditional academic style, as ours is, are highly valuable in some ways but limited in others.

The main benefit of the full review is that it provides a comprehensive scoping review of literature relating to outcomes for permanence and stability for children in care. The limit is that without some useful guide, the document may be too cumbersome for use in some busy work contexts.

Each section of this review includes tips for using the literature offers further guidance to practitioners on how you can apply it to your own work contexts. Research is continually changing and updating, and we encourage you to think about practical ways that you can keep abreast of studies on children in care that are continually emerging.

Lisa Moran, Caroline McGregor & Carmel Devaney



Introducing the Main Messages from Literature

1.1 Introduction

Chapter 1 includes the following points:

- **Factors affecting placement stability and outcomes for permanence**
- **Definitions of outcomes and significance of outcomes in policy research**
- **Definitions of permanence and stability as outlined in academic and policy literatures**
- **Service-level factors that shape and reflect outcomes for permanence and stability.**

The literature is presented using a socio-ecological frame (Bronfenbrenner, 1979, 2005) which highlights the interconnected factors that impact on children's lives prior to and whilst in care (e.g. family, community, policy and service context, and factors at the level of the child). This approach highlights that outcomes are dynamic and emerge through the continuous interplay between factors that are located close to the child (e.g. family, school, community, siblings) and policy/regulatory contexts that shape children's and families' everyday lives. This approach echoes recent policy documents from Ireland which encompass 'life cycle' perspectives (see Gray, 2010; Department of the Taoiseach, 2006; Department of Health and Children, 2000).

1.2 Defining Placement Stability and Permanence

A stable and secure care experience is important, as children develop relationships and attachments to foster carers. Children experiencing multiple placements are denied opportunities to build relationships with caregivers, continue friendship networks, and avail of community, educational and health services (Research in Practice, 2014; Carnochan et al., 2013; Turner and Macdonald, 2011). Stability is defined as children's feelings of stability, connectedness and belonging that are characterised by steady emotional attachments to adults and siblings (Schofield et al., 2012; Sinclair et al., 2007). However, stability can also be measured by number of school moves, length of time spent in care, quality of relationships with adults (e.g., foster carers, parents of origin, siblings), educational outcomes, and involvement in out-of-school activities. Permanence can be defined as living arrangements for children and young people which are enduring. In a permanent living arrangement, both the children and adults can expect or usually assume that they will be living together in both the short and the long term. Achieving stability in care is important, as it enables children and young people to develop social networks, informal social support and relationships with adults and peers (Boddy, 2013).

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 (McDermid et al., 2015; Fernandez, 2009). 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 (Barnow et al., 2015; Barth et al., 2011; Berlin et al., 2011).

1.3 Factors Affecting Permanence and Stability

Factors impacting on placement stability 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**
- **Disruption of family structure and social network.**

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 (Rock et al., 2015; Egelund and Vitus, 2009). Children who experience stable foster care placements are often those who entered care at a younger age (Biehal, 2014). In addition, instability and disruption in one placement may instigate a cycle of negative behaviours impacting on further placements (Blakey et al., 2012). This is corroborated by Rock et al. (2015: 188), who state that 'young people report a sense of guarded optimism about future placements, especially when leaving an unhappy placement'.

Other factors that may disrupt or terminate placements include:

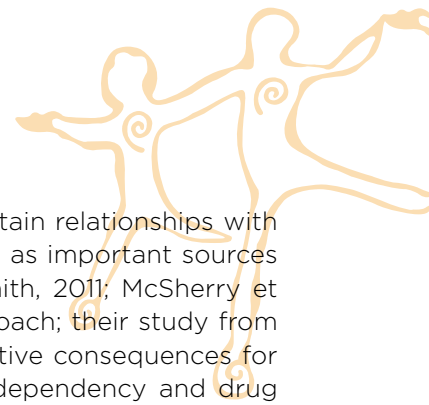
- **Foster parents' inability to cope with a child's behaviour or complex needs**
- **Carers' advancing age and a reduced motivation to foster**
- **Foster carers who move away from the area**
- **A lack of resources, ill-health or bereavement.**

1.4 Problems of Placement Instability in Residential Care Settings

Research highlights a range of emotional and physical problems experienced in residential settings as impacting on placement stability (Hyde and Kammerer, 2009). These include:

- **Turnover in care staff**
- **Coping with the unpredictable behaviours of other children**
- **Stress accompanying safety and security worries.**

Children placed in residential settings may model their behaviour on others and thereby have aggressive tendencies reinforced (Kyhle Westermarck et al., 2011). Grouping together at-risk young people also may limit exposure to positive role models and opportunities to develop pro-social skills and attitudes (Turner and MacDonald, 2011).



1.5 Young People's Relationships and Social Capital

Research suggests that child welfare services should help foster youth to maintain relationships with their families of origin (including extended family members), who are identified as important sources of informal support, especially during the transition process (McEvoy and Smith, 2011; 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. Relationships with foster families, care and non-care peers and adult mentors are identified in research as important sources of informal support for youth leaving care (Ryan, 2012; Gilligan, 1999). In some cases, relationships with these 'other adults', defined in literature as adults that children and youth encounter regularly in everyday life but who are not blood relatives, can offset some of the risks associated with maintaining regular contact with families of origin, especially when there are dangers that maintaining contact will impact negatively on the child's well-being. Child welfare agencies and other transition services should collaborate with caregivers, for example through training and support, to prepare youth in out-of-home care for independent life, according to several studies (see for example Hook and Courtney, 2011; Avery and Freundlich, 2009; Daining and DePanfilis, 2007). A secure foster home helps youth establish lasting relationships with caregivers and solid connections in their community (Stott and Gustavsson, 2010). Placement stability and a sense of belonging and connectedness to carers, when combined with social support and positive contact with one's biological family, contribute to positive outcomes (Biehal 2014). Studies also indicate that the support and involvement of foster parents in children's education correlates with academic achievement among foster youth (Jackson and Ajayi, 2007). Indeed, stable care placements – foster and residential – where education is prioritised are identified as enhancing foster youth's life chances considerably (Barnow et al., 2015; Stein and Munro, 2008).

Much research argues that youth leaving care require both the guidance of committed adults or professionals and the support of integrated services (Jones, 2011). Several authors argue that child welfare policy must support the provision of services to youth exiting care well beyond the age of 18 (see Yelick, 2015). Adley and Jupp Kina (2014) outline the importance of emotional supports for young people leaving care, the significance of supports from service providers, and of supports from peers, families of origin and foster families.

Youth who exit care at a later age were found to have better outcomes in adulthood (McCoy et al., 2008). Studies indicate that youth with behaviour problems in particular were more likely to leave care early and forgo the assistance and services that childcare systems provide (*ibid.*).

Research found that many youth leave care prematurely because they are frustrated with available service provision (McCoy et al., 2008) and several authors have argued that youth and young adults should have greater involvement in the planning and management of their exit from care (see McMahon and Curtin, 2013).

1.6 Foster Carers, Stability and Permanence in Care

Carers may have unrealistic expectations of fostering and of the child and, in particular, low levels of fostering experience, training and support (see Stott and Gustavsson, 2010; Brown and Bednar, 2006). In addition, research suggests that children entering foster care often bring with them varying degrees of stress and trauma (Healey and Fisher, 2011). Many struggle to adapt to their new surroundings, and to the style of parenting (e.g., authoritarian and disciplinarian) practised by carers (Vanderfaeillie et al., 2013). 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. Farmer et al. (2013) outline, however, that children express concerns about the health and well-being of foster carers and worry about their own futures if the foster carers could no longer care for them due to ill health or death. Farmer et al. (2013) reveal that children's experiences prior to entering care affect relationships with foster carers. For example, children who experienced domestic violence often described their new homes as 'calm' and 'quiet'. Studies also report that children interpret relative care as a less stigmatising form of care arrangement than non-relative care (Messing, 2006). Farmer et al. (2013) show that despite this, children experience stigma from friends and peers because of their care situation.

Research indicates that foster carers who are emotionally involved in the life of children in their care, and who provided supportive relationships, offer greater placement stability and fewer breakdowns (Christiansen et al., 2013).

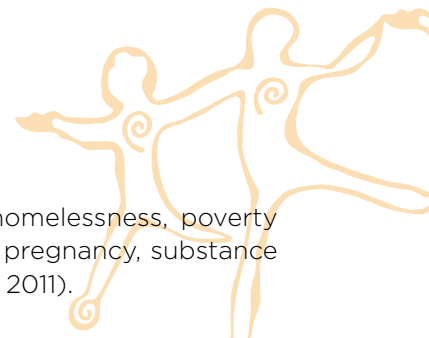
Much research suggests that foster carer support, including respite and intensive fostering interventions, is important in efforts to increase caregiver capacity to manage difficult placements and cope with problem behaviours (Kyhle Westermarck et al. 2011). Studies highlight good practice as including targeted selection and recruitment, intensive training and support (see Turner and MacDonald, 2011). Implicit in foster care training is the need for carers to understand the impacts of abuse and neglect on children. Training should up-skill carers, allowing them to respond appropriately and sensitively to children's emotional and behavioural problems (Healey and Fisher, 2011).

1.7 Service-level Factors Affecting Placement Stability

Studies suggest that service environment factors can destabilise care placements. Such factors include matching incompatible children and foster parents; temporary placements being used while child welfare workers source more permanent placements (Brown and Ward, 2013; Chamberlain et al., 2006); instances when too many children are placed in one home (Blakey et al., 2012); and other moves – for example, to join siblings or to move children into relative care – that happen before permanent arrangements can be made (Rubin et al., 2007). Other factors may include:

- **Failure to adequately inform, train and support foster carers**
- **Poor relationships and contact between caseworkers and foster carers**
- **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 (Khoo et al., 2012). Research argues that child welfare systems need to identify children needing professional help earlier and target resources more effectively so that placement moves are less likely to happen. A multi-disciplinary approach may promote effective collaboration and minimise overlap, according to several studies (Kyhle Westermarck et al., 2011).



1.8 Youth Ageing out of Care

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 (Yelick, 2015; Dima and Skehill, 2011).

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 (Berridge, 2012), and the stressors associated with leaving care to live independently (Unrau et al., 2012). Youth with disabilities, who are greatly over-represented in child welfare systems (Hill et al., 2015), are far more likely than other children exiting care to have low educational qualifications, be unemployed, and have less capacity for self-sufficiency in adulthood (Wade and Munro, 2008).

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 (Avery and Freundlich, 2009). Children in care, particularly those who experience placement instability, may often exit care without familial care and supports provided by adults they have known for long periods of time (*ibid.*). Poverty is also a key factor determining involvement in child welfare systems. A sudden loss of support (in housing, finance, health, education and a range of other services) when young people transition from care into adulthood produces a range of socioeconomic challenges – problems other young people in society are not expected to face (Jones, 2011).

Tips for Using the Literature

- If you are intending to read the full literature review, you may find Thomas's (2013) guide to speed-reading helpful. It is called SQ2R:
 - **S:** 'Survey or skim the whole piece' – Get an idea of the main headings and content of the full review without reading anything in detail.
 - **Q:** 'Now ask yourself questions' – What do you need to find? Why do you need it?
 - **R:** 'Read the whole piece' – Read it through quickly, keeping an eye to the key words and themes that relate to your question.
 - **R:** 'Recall what was in the piece' – If you aren't able to remember anything, start again with survey. This is important, as you have to be able to defend the use of the evidence, e.g., answering a court report.
- You can also add to your speed-reading/survey technique by using Search and Find tools in the document to help you quickly find the information you need (relevant for all chapters): e.g., a specific researcher such as O'Brien or Stein, or a specific theme like 'educational stability' or 'moves'.

2.0

Children in Care in Ireland, Mapping the Context

2.1 Introduction

Chapter 2 provides a contextual overview of children in care in Ireland. It focuses mainly on Irish studies of children's experiences of being in care, looks at patterns and trends in how and why children go into care in the first place, and outlines some of the Irish research on factors that affect outcomes for permanence and stability in the Irish context specifically.

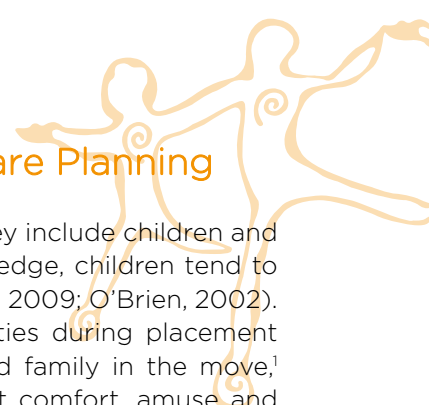
2.2 Overview of Irish Studies

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 (O'Brien, 1999). 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 (DCYA, 2015). Studies suggest 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 (see Coulter, 2013; McNicholas et al., 2011; Gilligan, 2000).

Many 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 (see Gavin et al., 2011). 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 (Kelleher et al., 2000).

2.3 Reasons for Placement Breakdown

Research suggests that care placements often are disrupted and many break down because they are unable to meet the specific needs of the child (Ní Raghallaigh, 2013; Stott and Gustavsson, 2010). Placements options are frequently limited, and adolescents in particular may be placed not on the basis of need but availability (Biehal, 2007). An important factor determining the quality and stability of care placements is the initial decision-making process employed by child welfare services. Some commentators argue that increased involvement and oversight by child welfare management leads to 'better' decision-making on placements (Clarke and Eustace, 2010). This may ensure that placements are in the best interests 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 (see Kelleher et al., 2000).



2.4 Importance of Involving Children and Families in Care Planning

Irish research 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 tend to internalise responsibility or blame for what was happening to them (see Harrison, 2009; O'Brien, 2002). Several studies argue that positive factors which help relieve children's anxieties during placement moves include having a familiar social worker, the involvement of parents and family in the move,¹ being placed in a familiar location, and actions by care staff (and carers) that comfort, amuse and demonstrate concern for the child (see for example Buckley, 2003).

2.5 Factors that Help to Maintain Stability in Care: Education, Social Networks and Parental Contact

School and education also can have a stabilising effect 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 (Jackson and Ajayi, 2007). Similarly, parental contact and maintaining social networks are identified as leading to positive outcomes for children in care (McMahon and Curtin, 2013; McNicholas et al., 2011; Whitaker, 2011).

2.6 Factors that Help to Maintain Stability in Care: Systems and Organisations

Irish research links strong social networks with positive outcomes for children in care (McMahon and Curtin, 2013; Williams, 2006). However, significant numbers of children lose contact with family and friends while in care (Biehal, 2007). Moreover, contact is likely to decrease the longer they spend in care (*ibid.*).

Irish studies indicate that children in the care system are likely to experience difficulties accessing services (McNicholas et al., 2011). For example, contrary to health service recommendations, some children in care do not have an allocated social worker (Gilligan, 2009).

Finally, the need for effective coordination and interagency partnership was highlighted (Clarke and Eustace, 2010). The interagency, multi-professional character of children's services requires that practitioners not only work well with others but have due consideration for the complex and multiple factors impacting on children's lives – for example, their development and educational needs, foster and birth family factors, ethnicity and culture, religion, disability, values and beliefs (Ferguson, 2011; Ní Raghallaigh and Gilligan, 2010; Harrison, 2009).

¹ If this is appropriate and deemed to be in the best interests of the child.

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

- **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 whilst in care**
- **Poverty and social disadvantage**
- **Children's experiences prior to entering care**
- **Care placements that do not meet the needs of the child.**

Tips for Using the Literature - Chapter 2

- Remember in your report to distinguish between Irish, Northern Irish, British/UK and international research so that you can show knowledge of the different contexts, and the legal and policy differences that apply.
- If relying heavily on one or two specific pieces of research because of their connection with your report topic, you should go to the main literature review and do a find and search for all references to this research, to ensure you are as familiar as possible with the finer detail if asked in court or in case conference.

3.0



Locating Ireland in the Context of the International Literature

3.1 Introduction

While Irish research is strong on young people's experiences of being in care, there is little research in Ireland on predictive factors for outcomes of permanence and stability. Therefore, reference to the international research literature is essential in this regard. Importance is accorded to the Northern Irish and UK literature in this chapter in particular.

3.2 Care Options for Stability and Permanence – International Perspectives

In some countries (e.g., the US), permanency is accomplished in the first instance by returning children to their biological families or, saving that, locating adoptive families or long-term foster or guardian care (Beckett et al., 2014). 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 child welfare systems is to create stability in a child's life so that long-lasting relationships can be established or rebuilt, depending on what is in the best interests of the child (Biehal, 2007).

A stable and secure care experience is important, as children develop relationships and attachment to foster carers, according to research (McSherry et al., 2008). As Frey et al. observe, 'emotional security is a critical component of successful permanence' (2008: 218). 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 the risk of social, emotional and behavioural problems and can negatively impact on a child's self-esteem and sense of identity (Barth et al., 2011; Fernandez, 2009). However, international research indicates that a large proportion of children in care still experience 'transient' lives moving from one placement to the next. 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 (*ibid*). This is consistent with Irish research findings.

3.3 Outcomes of Placement Instability

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 involvement in crime and antisocial activity, low educational achievement (Martin and Jackson 2002), confusion over one's identity, low self-esteem, substance misuse, disruption to family structure and social network (see Egelund and Vitus, 2009), and mental health as impacting on the stability or instability of care placements. 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 (see Bromfield and Osborn, 2007).

3.4 Long-term Foster Care – A Viable Option for Enhancing Permanence and Stability

Age is often a predictive factor of permanence outcomes (see Biehal, 2014). International commentators note that adolescents entering care are far more likely to age out-of-care than achieve a permanent placement (Stott and Gustavsson, 2010).

Children who experience abuse and neglect in the family home do not usually return to their families of origin, because it is not always in the best interests of the child or the family (Cheng, 2010). In these instances, long-term foster care can be a very viable option, as it could enable children who experience maltreatment or abuse to develop stable, loving relationships with other adults and siblings. Other important factors that are viewed as predictors for permanence and stability include length of time in care, ethnicity, race, behaviour, poor parental practices, mental illness, domestic violence, and poor housing (see Rock et al., 2015; Egelund and Vitus, 2009; Kimberlin et al., 2009).

Internationally, some research suggests that children in long-term foster care might be at risk of poorer development and emotional outcomes than children who are reunified with their families or adopted from care. Such research typically emanates from countries like the US, where reunification and adoption are much-sought-after care options. That said, some international authors argue that long-term foster care can provide positive outcomes for children requiring out-of-home care. Assumptions of foster care placements as 'temporary' sometimes lead to feelings of emotional instability among children and young people. Hedin (2014) argues, however, that foster care placements can lead to feelings of belonging when the foster family are open to the child or young person becoming part of the family. Having fun and engaging in family rituals is significant for instilling feelings of belonging and connectedness (Hedin 2014).

Recent research suggests that foster care can provide opportunities for abused and neglected children to experience emotionally supportive relationships with adults (Biehal, 2014). Long-term care can lead to deeper feelings of belonging among children and youth, and development of social networks and social capital (*ibid.*). International research also shows that adults who children regard as family members sometimes change in long-term foster care arrangements. Children who come to know and experience loving relationships with foster parents often come to regard them as their second family or as their parents (Mason and Tipper, 2008). International research indicates that foster carers who are emotionally involved in the life of children in their care, and who provide supportive relationships, have been found to offer greater placement stability and have lower risk of placement breakdowns (Carnochan et al., 2013). Recent studies indicate, however, that the factors affecting placement breakdown may be more complex. In Germany, Van Santen (2013) found that foster carers were more likely to initiate a placement breakdown when they had male children in their care who were between six and fifteen 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.

3.5 Children's Experiences of Care and Stability or Instability in Residential Care Settings



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 (Blakey et al., 2012). Children placed in residential settings may model their behaviour on others and thereby have aggressive tendencies reinforced (Kyhle Westermarck et al., 2011).

Grouping together at-risk young people also may limit exposure to positive role models and opportunities to develop pro-social skills and attitudes. That said, in some cases children may also find a sense of community and belonging in group care settings, and they may sometimes find it easier to talk about their experiences with other young people in residential settings.

3.6 Improving Supports for Foster Carers

Supports for foster carers are especially important where children may have experienced abuse or neglect from family members or other adults prior to entering care. 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, and problems and confrontations with biological parents may contribute to placement instability (Blakey et al., 2012; Ward, 2009; Brown and Bednar, 2006).

Children entering foster care often bring with them varying degrees of stress and trauma. Many may struggle to adapt to their new surroundings, and to the style of parenting (e.g., authoritarian and disciplinarian) practised by foster carers (Blakey et al., 2012; Vanderfaeillie et al., 2013). In addition, several factors affect foster carers' abilities to cope. Feeling undervalued by children and welfare services, reduced motivation to foster, relocating from the area, a lack of resources, ill-health and bereavement may all lead to disrupted or terminated placements (McSherry et al., 2008).

Carers may also have unrealistic expectations of fostering and of the child. When this is compounded by low levels of fostering experience, training and support, it may lead to placement breakdown (see Blakey et al., 2012; Murray et al., 2011; Brown and Bednar, 2006).

International research 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 that good practice includes targeted selection and recruitment, intensive training and support (see Turner and Macdonald, 2011).

3.7 Service Environment Factors as Indicators for Permanence and Stability Outcomes

Existing research also includes service environment factors as significant indicators for stabilising and destabilising care placements. These include 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, desires to move children into relative care – that happen before permanent arrangements can be made (see Beckett et al., 2014; Whitaker, 2011; McGowan, 2010). Other factors may include a failure to adequately inform, train and support foster carers, poor relationships and contact between caseworkers and foster carers, caseworker turnover, and poor communication between child welfare agencies and foster carers (Blakey et al., 2012; Brown and Bednar, 2006). Planned moves during important early periods when children are adjusting to out-of-home care can also impact negatively on their well-being.

Research argues that child welfare systems should identify children needing professional help earlier and target resources more effectively so that placement moves are less likely (Fernandez, 2008). A multi-disciplinary approach may promote effective collaboration and minimise overlap, according to some (Kyhle Westermarck et al., 2011).

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

- **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**

Tips for Using the Literature - Chapter 3

- Take particular notice of sample size to establish significance of a study in order to be able to defend the evidence.
- Take note of which studies are qualitative and which are quantitative:
 - Qualitative research can be especially useful for telling us about people's experiences, giving an in-depth insight from a particular perspective.
 - Quantitative can be most useful for showing trends, general themes and statistical evidence.
- You can also add to your speed-reading/survey technique by using Search and Find tools in the document to help you quickly find the information you need (relevant for all chapters): e.g., a specific researcher such as O'Brien or Stein, or a specific theme like 'educational stability' or 'moves'.

4.0



Youth Ageing Out of Care

4.1 Introduction

Ageing out of care refers to young people who remain in care until adulthood (age 18). This group of young people are especially vulnerable to risk factors, as they often encounter lack of financial and emotional supports, poverty, educational disadvantage, homelessness and mental health problems when they leave care.

Some of the main topics identified in Chapter 4 as important include:

- **Risk factors and developmental outcomes for young people ageing out of care**
- **The process of transitioning to life beyond care**
- **Supports for youth leaving care (e.g., family, foster carers, service level supports).**

4.2 Risk Factors and Developmental Outcomes for Youth Ageing Out of Care

International research indicates that youth aging 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 (Dima and Skehill, 2011; Hook and Courtney, 2011; McCoy et al., 2008). Moreover, 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 (Jones, 2011). Young people who have lived in care are less likely than members of their peer group who were not in care to access support and guidance from family members and other significant adults as they move into independent life (Kilkenny, 2012).

4.3 Transitioning to Life Outside of Care

Research indicates that transitioning to adulthood is a very different process for youth in care, compared to members of their peer group who were not in care (Dima and Skehill, 2011; Cashmore and Paxman, 2006). Foster care disrupts relationships with parents of origin and extended family members (Mason and Tipper, 2008; McSherry et al., 2008). Children in care, particularly those who experience placement instability, often exit care without familial supports. Children in care may also find it more difficult to access support and advice from other adults they have known for long periods of time (e.g., youth leaders, mentors, teachers) (Christiansen et al., 2013; Stein and Dumaret, 2011; Daining and DePanfilis, 2007). These supports are essential in enabling them to transition safely into adulthood and independent living. Trout et al. (2014) suggest that youth leaving care desire greater supports in education and mental health especially.

Poverty also affects the transitioning out of care. A sudden loss of support (in areas like housing, finance, healthcare, education and a range of other services) when youth transition from care into adulthood produces a range of socioeconomic challenges for children leaving care – problems other young people in society do not expect to face (Rock et al., 2015; Kilkenny, 2012; Stein, 2008). Studies also indicate that youth with behaviour problems in particular who leave care sometimes forgo the assistance and support services that childcare systems provide (McCoy et al., 2008: 743).

Research also found that many youth leave care prematurely because they are frustrated with available service provision, and several authors argue that youth and young adults should have greater involvement in the planning and management of their exit from care (*ibid.*). In cases where young people developed deep-seated relationships with foster carers and siblings, it can be assumed that the supports of these persons in the transitioning process is important for youth leaving care.

4.4 Service-level Factors Affecting Youth Transitions out of Care

Much research suggests that child welfare services affect the transition out of care. International research contends that service representatives should help youth maintain relationships with biological families (including extended family members), who are identified as important sources of informal support, especially during the transition process (McSherry et al., 2008). Relationships with foster families, peers and adult mentors are also identified in research as important sources of informal support for youth leaving care (Gilligan, 1999).

Child welfare agencies and other transition services should collaborate with caregivers in preparing youth in out-of-home care for independent life, according to several studies (Hook and Courtney, 2011; Avery and Freundlich, 2009; Daining and DePanfilis, 2007). That said, in cases where abuse or neglect may have taken place in the family home prior to entering care, or when young people may have adverse relationships with foster carers, it may be inappropriate and unacceptable to the young person to have their family members involved in decisions about their lives when they exit care. In such cases, the voice of the child must be listened to and respected and other sources of support may have to be called upon to help the young person transition. Child and youth services should work closely with young people to identify these supports.

Much international research argues that youth leaving care require both the guidance of committed adults or professionals and the support of integrated services (Hook and Courtney, 2011). Several authors argue that child welfare policy must support the provision of services to youth exiting care well beyond the age of 18 (Courtney 2008).

UK research indicates that transitioning support should extend to preparing youth for the complexities of returning to live with their family and living independently. When creating or re-establishing relationships with their family of origin, youth are often confronted with painful and difficult relational histories and are likely to struggle as they move into independent life and beyond (McSherry et al., 2008). Many young people exiting care do not receive support, emotional or otherwise, that may be helpful in addressing past traumas and support independent living (Höjer and Sjöblom, 2011; Samuels and Pryce, 2008: 1208).

Independent living services need to support the relational aspects of leaving care as well as important education, employment, and skills needs. Interventions that helps young people to address the emotional turmoil of being in care, and enable them to rebuild or forge new relationships are especially valuable. Stein and Dumaret (2011: 2510) argue that better outcomes in adulthood are associated with ‘the presence of a supportive adult’ while in care and ‘prolonged support’ as young people transition.



To summarise, the principal factors that impact on youth transitioning out of care include:

- **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.**

Tips for Using the Literature - Chapter 4

- As in the Tips for Chapter 3, make sure you know where the study was carried out that you are quoting.
- Note in particular the themes that are common across countries and those that are specific.

5.0

Measuring Outcomes for Children in Care

5.1 Introduction

Chapter 5 provides an overview of some key issues surrounding outcomes measurement and evidence-based approaches. In particular, it outlines the importance of incorporating an outcomes-focused approach into policy. Scientific issues around the role of evidence in policy-making are also looked at.

To summarise, the main topics covered in this chapter include:

- **Different forms of evidence in outcomes research (qualitative, quantitative, mixed-method)**
- **Rationale for outcomes measurement**
- **Examples of measurement tools for outcomes in research, focusing particularly on examples from the Republic of Ireland, Northern Ireland and the UK.**

5.2 Importance of Measuring Outcomes for Children in Care

Measuring outcomes for children in care serves several important purposes for children and families and for child welfare services (Tunstall and Blewitt, 2015). These include informing care decisions, removals and dispositions, placements, reunifications, placement hearings, transitions into independent life and preventing re-abuse.²

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 (see Friedman et al., 2005).

Much has been written regarding developments in child welfare systems aimed at improving service quality and achieving positive outcomes for children (see for example Axford and Hobbs, 2011; Kurtz, 2003). Strengthening performance and accountability in programmes and services is perceived by policy makers 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 help practitioners identify children among the care population who benefit or do not benefit from being in out-of-home care and users of the services or treatments provided (see Lou et al., 2008 for similar arguments).

² The *Literature Review for Framework for Integrated Planning for Outcomes for Children and Families* contains extensive information on outcomes in service planning for children and families. Please see http://www.childandfamilyresearch.ie/sites/www.childandfamilyresearch.ie/files/literature_review_for_framework_for_integrated_planning_for_outcomes_for_children_and_families.pdf for more information.

5.3 Measuring Outcomes – Capturing Multifaceted Aspects of Youth Lives



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 (Lou et al., 2008; Barth and Jonson, 2000).

Outcome measures are most useful when they embrace the multi-dimensional and dynamic nature of children's development (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 complex needs require the input of multiple informants and perspectives (Lou et al., 2008).

5.4 Incorporating an Outcomes Focus – Overview of Issues Affecting Outcomes Measurement

Despite the focus on outcomes in child and family policy in Ireland and elsewhere, compliance with outcome and performance measures presents challenges for child welfare services.

With regard to taking an outcomes focus in policy and research, the 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 (Carnochan et al., 2013). Assessments should take account of the demographic variations between regions and differences in caseloads across regions (Schuerman and Needell, 2009; D'Andrade et al., 2008).

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 (see Shaw, 2010). Taking a snapshot approach to outcomes measurement or planning may lead to adverse outcomes in policy planning. To achieve value for money and to accord better developmental outcomes for children into adulthood, policy-makers should also consider the potential long-term impacts of programmes and that factors affecting outcomes are multi-dimensional (see Kraus et al., 2015). This highlights the importance of longitudinal studies of outcomes which can chart people's experiences over time. Policy-actors also consider the sustainability of individual programmes. 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 (Wells and Johnson, 2001).

Overreliance on outcomes measurement and research can directly or indirectly impede the implementation of programmes that show some developmental gains for young people. Some community programmes, for example, may not be evaluated regularly and may not have incorporated an outcomes focus. But they may result in good developmental outcomes for children and youth, or support other programmes that are designed for children with higher levels of need.

Summarising 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 appropriate 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.**

Tips for Using the Literature - Chapter 5

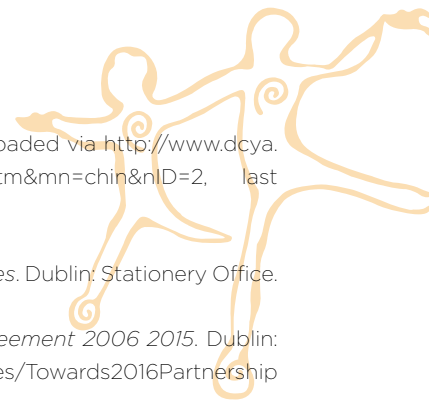
- Remember, this review is dated 2016 – check for any major new studies where possible.
- Find updated evidence via sources such as:
 - Your library if you are registered on any course that allows access; you might also have library access through your role as a tutor or practice teacher on a university programme. Quantitative can be most useful for showing trends, general themes and statistical evidence.
 - Open Access sites like ARAN at NUI Galway which ‘preserves and makes freely available scholarly communication, including peer-reviewed articles, working papers and conference papers created by NUI Galway researchers’. <http://aran.library.nuigalway.ie/xmlui/aboutaran.html>
 - Academia.edu – sign up to become a user and have access to free resources.
 - Research centres related to your topic, e.g. the UNESCO Child and Family Research Centre, NUI Galway <http://www.childandfamilyresearch.ie/academic-outputs>
 - Google Scholar at <http://scholar.google.com/> where you can search for articles and case law.

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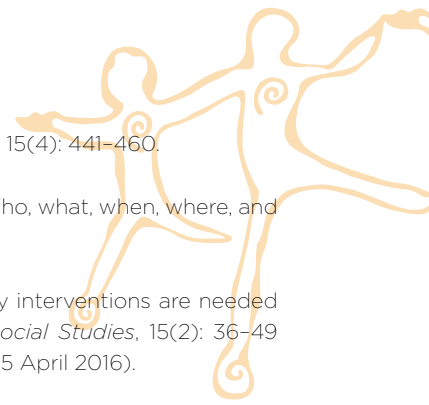
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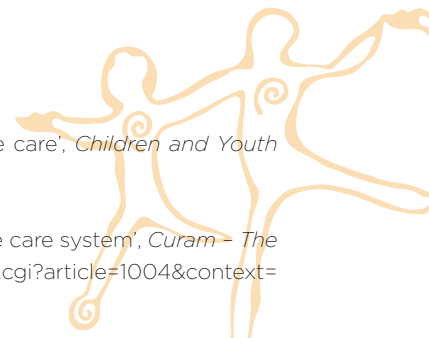
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