



Certainty for Children in Care

Children with Stable Placement Histories in South Australian Out-of-Home Care

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The children in this study had been in the current stable placement for an average of 10 and a half years. The vast majority had entered care as infants (age 0-2years) and had spent most of their life in care. Recommendations for placement into long-term alternative care appeared to have occurred quite decisively. On average, children were placed under the Guardianship of the Minister until 18 years within 22 months of entering the care system. Very few children were identified as having significant behavioural problems, and overall, they had better psychosocial functioning than the comparison group of children who had experienced placement disruption. Whilst a cluster of inter-related factors influence and contribute to stability, this study indicated that the characteristics of children and carers appear to play a much greater role in stability than the broader system factors often thought to be influential in achieving effective outcomes. The results also suggest that early entry into care, together with early confirmation of longer term placement, are important predictors of future placement stability and good outcomes for the child.

This study was conducted as a collaborative research project between the University of Adelaide and the Department for Families and Communities and is part of the larger research project titled 'Certainty for Children in Care' which involves three major interrelated study components.

Context

For children to achieve appropriate developmental outcomes, including the development of stable attachments, ongoing and meaningful social relationships and educational success, it is essential that they be subjected to as little disruption as possible when they are placed into the care system (Layton, 2003). Despite recognition of the importance of placement stability, only a relatively small volume of research has been directed towards understanding the range of factors that appear to contribute to the maintenance and success of individual placements. Given the lack of information concerning the predictors of placement stability in Australia, this study was designed to identify factors that promote stability of care for children and young people. It is anticipated that the results of the study will help to inform child centred planning and decision making in practice and policy relevant to placement planning and quality of care.

Research methods and sampling

The study was conducted using both qualitative and quantitative research methods and a two-part methodology was employed.

Firstly, a series of focus groups were conducted with practitioners and service providers in the out-of-home care system in South Australia. Focus group participants were recruited from metropolitan and regional South Australia, and included workers from both the Government and non-Government sector. Participants occupied varying roles and positions ranging through policy to direct practice levels. In total, six focus groups were held during August to November 2005 and each group was asked to indicate their thoughts around factors contributing to stability in care.

Second, a pro-forma was developed to record data in relation to children who had been stable in the same placement for five years or more. A total of 305 children in care in South Australia as of June 30th 2005 were identified as meeting this criteria and data was obtained in relation to 55 randomly selected children. Data was collected from the Families SA 'Client Information System' data base and case-file readings were also undertaken. The caseworkers for these children were also interviewed and Goodman's (1997) Strengths and difficulties Questionnaire was utilized to assess the general emotional and behavioural functioning of the children. Two checklists were developed to identify whether the child had any significant conduct disorder issues or high support needs (e.g. disabilities, physical illness, ADHD). In combination, these methods sought to obtain information concerning:

- family factors contributing to the child's entry into care
- placement histories and care experiences
- family connections
- child's psychosocial wellbeing,
- child's sense of security and belonging
- the nature of the foster placement and
- quality of care

Many of these characteristics were compared with a sample of 54 'control' cases (i.e. children sampled from the general population in care who had not experienced placement stability in the last 5 years).

A summary of the demographic characteristics of the sample of children who had been in the same stable placement for 5 years or more as at June 30th 2005 is provided below. The sample included:

- approximately equal numbers of males and females
- approximately three quarters were from metropolitan Adelaide
- approximately 29% were Aboriginal and/or Torres Strait Islander background.

The average age of the sample was 12.5 years. A disproportionately large number of the young people in the sample were adolescents - just over 50% - however, this was to be expected given the requirement that children had been in the same stable placement for at least five years.

Approximately 90% of the children were in foster placements and one in ten children were in relative care. All except three were under the Guardianship of the Minister.

A particularly distinctive feature of the sample was that the children were from large families. The average family size was over three children. On average, children with siblings had two or more siblings also in out-of-home care. The comparison sample was very similar to the stable sample.

Children in the stable placement sample group had been in the current stable placement for an average of 10 and a half years:

- 16 (29%) had been there for 5-7 years,
- 12 (22%) had been there between 8 to 10 years, and
- the other half had been there for over ten years.

Given that the average age of the sample was 12.5 years, these results suggested that the vast majority of the stable sample group had spent most of their life in care.

A further analysis examined what proportion of their lives children had spent in care as a ratio of years in care/age in years. The results showed that the stable group had spent (on average) around 83% of their lives in care as compared to 73% for the comparison group. This difference was statistically significant:

- Forty four percent of the stable group had spent at least 90% of their lives in care compared with only 28% of the comparison group.

The comparison sample was very similar to the stable sample. There were no significant differences in gender, age, ethnicity or area of origin.

Focus group findings

The focus group material was transcribed and organized into key themes relating to the characteristics of children, foster carers, decision-making, and other relevant issues for policy and practice that were seen to influence stability in placements for children and young people. The following is a summary discussion of these key themes.

Age of the child

Participants in every focus group agreed that age was a significant factor in placement stability and success. Children under five years - particularly infants - were considered the most likely to achieve stability in care. Families SA workers argued that stability was best achieved when children were placed into care at a younger age, largely because early entry into care resulted in children being less severely traumatized and damaged (have less “baggage”) and being protected from longer term exposure to abusive situations. Young children were also viewed as better able to build strong attachments and identify with their foster parents.

Matching of child with carer

According to some workers, an ideal system most likely to achieve placement stability would be one in which children’s needs were identified and matched accordingly to the carer’s experience and qualities. However, as workers pointed out, this was usually not possible due to the limited availability of suitable placements and a declining pool of suitably qualified carers. Difficulties in matching children’s needs with the expectations and commitment of carers were also cited.

Carer characteristics

Almost every focus group identified the parenting skills of carers as being crucial to long-term placement stability and identified specific carer characteristics they considered most likely to contribute to greater stability in care. Examples of interpersonal skills included:

- Taking a positive interest in the child’s affairs
- Being supportive
- Being a good listener
- Good communication between carer and child
- A running rapport and genuine liking for each other
- Being accepting
- Being flexible and creative in managing and responding to the child’s emotions and behaviours
- Being insightful and reflective and able to intuitively understand the child’s needs
- The ability to see through the child’s eyes.

Attitudes that were felt to enhance placement success included:

- Having realistic expectations
- Having a normalised view and understanding of adolescence
- Treating the young person as part of the family i.e. as 'one of their own'
- Giving children a sense of permanence in relationships
- Valuing family connections i.e. carers who are able to link well with birth families and give the child a sense of having two families.

Focus group participants also cited several other circumstantial factors they believed increased the likelihood of placement stability. These included:

- No threat of imminent reunification with birth families
- Not having too many other children in the home
- Foster parents who are involved in decision making relating to the child
- Support and training for carers.

Good relationships

Focus groups emphasized the importance of good working relationships and support from Families SA and placement providers as factors that contribute to placement stability. Carers, they suggested, were more likely to persist with more challenging placements if they felt that their efforts were being supported. In this connection, Families SA workers made a number of recommendations about how to interact most effectively with carers. These included:

- The need to work *with* rather than *against* carers
- Not to be overly prescriptive about appropriate child rearing strategies
- Recognition of carers' skills and experience
- Acknowledgement of effective work
- Respectful communication.

Continuity of workers

Opinion within focus groups varied concerning the importance of the consistency of workers for placement stability. Some workers argued that continuity of caseworker was not an important factor and that successful placements were more strongly influenced by the quality of the care provided. In contrast, others felt that a succession of social workers involved in a child's life had a detrimental effect upon placement stability because of the continuous need for children (and carers) to forge new relationships with the Department as each new worker was appointed. Some District Centres were described as suffering from a 'rotating worker syndrome' that gave rise to variations in how the placement was case-managed.

Relationships with birth families

There was considerable debate across focus groups as to whether contact with birth families necessarily contributed to better placement stability. Some workers felt that access between children and birth parents had a major detrimental impact upon the stability of children in care. Placements were more stable and generally more successful when there was less contact with birth parents over the longer term. In contrast, other workers and particularly psychologists argued that good relationships between carers and birth families were essential for promoting both placement stability as well as long-term psychological wellbeing. Without the ongoing support of the Department and their former foster carer, birth families may be the only place to which young people can turn to establish a sense of identity and support upon leaving care.

Decision-making processes

The importance of timely decision-making regarding children's long term care arrangements was emphasized as having a significant influence on placement stability. It was felt that

differences of between 12 to 18 months could sometimes be critically important to children's long-term developmental wellbeing. Some workers felt that it might be useful to consider the possibility of 'concurrent planning' (i.e. a process which involves planning for a long-term alternative care placement whilst also planning for eventual reunification, so that the child's long-term future is considered in terms of both possible placement trajectories).

Quantitative findings

The aim of the quantitative study was to provide a detailed profile of the characteristics of children who had been stable in care for a prolonged period (minimum of 5 years) and to examine how these children differed from others in care. A summary of these findings is provided below.

Family and social background

The difficulties experienced by the child's family at the time the children entered care were examined and this indicated that the children in the stable placement sample came from families experiencing multiple difficulties:

- 70% of the children had been severely neglected
- 50% of children had been exposed to either domestic violence or been physically abused, had substance abusing parents or lived in homes affected by significant poverty
- 40% of children had parents with a mental illness, and
- one third of children had been rejected or abandoned.

The stable group did not differ significantly from the comparison group on any of these background variables.

Chi-squared analysis was used to examine the relationship between the principal factors identified (neglect through to parental mental health) within the stable group. The results showed that:

- children from families with financial problems were significantly more likely to be neglected (56.4% vs. 25.0% without financial problems)
- neglected children were more likely to be exposed to domestic violence (64.1% vs. 35.9% not neglected)
- families experiencing domestic violence were also more likely to be substance abusing (71.4% vs. 28.6% without domestic violence),

All other relationships were non-significant. When similar analyses were conducted using the comparison sample, it was also found that higher levels of domestic violence were associated with a higher prevalence of substance abuse. The other relationships relating to neglect were, however, not observed.

Placement histories

Almost 80% of the children in the stable sample had first entered care as infants (age 0-2 years) and the vast majority of the group had experienced relatively little placement disruption prior to the current stable placement.

Fewer children in the comparison sample had first entered care as infants (64%), and this group had experienced significantly more previous foster placements. Almost 80% of the comparison group had experienced seven or more previous foster placements.

Decision making processes

Recommendations for placement into alternative care appeared to have occurred quite decisively for the stable group of children. Reunification with birth families was either seen as

clearly inappropriate from the outset, or judged to be unviable following a relatively small number of reunification attempts.

- The average length of time taken to place children under Guardianship to 18 years was 22 months
- Approximately one in four children were placed under Guardianship to 18 years within six months, and
- 43% of children were placed under long-term Guardianship within a year.

The main reasons given for failed reunification efforts included:

- Parents had been unable to address the issues specified as case goals in 34% of cases
- Approximately 25% of homes were considered still too unsafe for children to return

Nature of the foster home:

Details of other children currently placed in the same foster home as those children in the stable sample were also recorded.

- A third of the children were placed in homes where there were no other foster children
- 20% shared their placement with one other child
- 24% had two or three other foster children currently living in the same home
- Only 15% of children shared their home with the foster carer's biological children, and
- 40% were placed with at least one other sibling.

For the stable placement sample of children, the number of other foster children entering and exiting these foster homes was quite limited:

- Only one in five homes provided respite or emergency care placements for other children in the care system, and this did not occur frequently (an average of around eight placements in total across the five years).

There was no evidence that the comparison group shared their placements with greater numbers of children. In fact, the stable homes generally had more long-term children in each placement than the comparison group.

Psychosocial development:

The children's general emotional and behavioural functioning was also measured using Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ)¹. According to the designers of the scale, it is usually expected that around 10% of children will score in the abnormal range on the subscales. The percentages reported for the stable group of children were considerably higher than this:

- the percentage of children scoring in the abnormal range of conduct disorder, hyperactivity and emotionality was one and a half times higher than is usually expected, and
- the rate for peer relations was almost three times higher.

All of these problems were significantly more likely to be observed for the comparison group.

- The rate of abnormal conduct disorder was over 2.5 times higher than the stable children and almost 4 times higher than the general population
- hyperactivity was 50% higher than the stable children and 2.5 times that of the general population

¹ The SDQ is a standardized instrument designed to measure children's general emotional and behavioural functioning and is the measure of choice in the National Longitudinal Study of Children. It comprises four principal subscales, each of which has 5 items: conduct disorder, hyperactivity, emotional problems and peer relations. For each question workers were asked to indicate how true each statement had been of the child during the previous six months, where 0 = Not true, 1 = Somewhat true, and 2 = Certainly true. Each subscale has a scoring range of 0-10 points and specified cut-off scores that indicate whether the child is in the normal, borderline, or abnormal range.

- emotionality was 2.5 times higher than the stable children and 3.5 times higher than the general population, and
- peer problems were 50% higher than the stable group and 4.5 times higher than the general population

Further analysis found that the stable group had better psychosocial adjustment than the comparison group on every measure but had poorer adjustment than children of the same age in the general population.

Non-Aboriginal children were reported to have more significant emotional problems than Aboriginal children and children who entered care later were more likely to have higher conduct scores.

Very few children in the stable group were identified as having significant behavioural problems, but almost one in five were reported to be very depressed or anxious. Approximately a quarter had an intellectual disability and 16% had physical disabilities.

Family Connections

Caseworkers were asked to indicate the quality of the relationship between children and their birth families at the time they entered care, and at present. Workers pointed out that the majority of the children in the stable group had entered care as infants; hence it was not possible to make any reasonable statement about the quality of the parent-child relationship. For the small number of cases where information was provided, the relationship was described negatively (e.g. no attachment, child fearful, ambivalent). The results for the question concerning current relationships showed that:

- 44% of children in the stable group had no relationship at all with their birth parents
- 15% had a poor or ambivalent relationship, and
- 38% had a positive relationship.

Very few children in the stable group had regular ongoing contact of any form with their birth families. Approximately one in five visited their mothers, but this was usually only on special occasions such as birthdays.

Child's sense of security and belonging

Caseworkers were asked a series of questions relating to the child's sense of security and belonging in the current placement. The results for the stable group of children were very positive.

Case-workers indicated that 89% of children were primarily attached to their foster carers, 5.5% to relatives, and three did not have any particular attachments. No child had a primary attachment with their birth parents.

Almost all stable children appeared to be very accepting of the fact that they were in care. Only 35% of children in the comparison group accepted being in care, and 17% did not accept their situation and wanted to leave.

Case-workers were asked several questions relating to the security of the placement. Almost 90% of cases had not been threatened by difficulties with the child's behaviour and over 90% of children had not expressed any desire to leave the placement.

Only 16% of placements (fewer than 1 in 5) had ever been in danger of breaking down. For the nine cases where there had been a risk of placement breakdown, four had been at risk because of the child's challenging behaviours, one had involved general carer-child conflict, one had involved carer health problems, one interference from the birth family, one involved tensions resulting from another child being placed in the home, and one involved an investigation against

a foster father. When asked how well the child had integrated into the family on a scale of 1 to 5, workers indicated that 98% of the children were very well integrated.

Reasons for placement stability

Caseworkers for the stable group of children were asked to comment on why these placements had remained so stable. The parenting skills of the foster carer were identified as being the most important factor. Caseworkers also noted that children in the stable group had entered care at a very young age, therefore allowing time for stable long-term attachments to be formed.

Leaving care and future planning

Caseworkers were asked to indicate where they expected the child to go after leaving the current placement, and at what age this was likely to occur. No plans had been made for 58% of children. However:

- 33% of children were expected to move into independent living, and
- 9% were expected to find themselves in other arrangements e.g. supported or residential accommodation (particularly for young people with a disability)

Importantly, for all but two cases, placement changes were not expected to occur until after the child had turned 18 and/or were ready to make the transition to independent living. For most of the children in the stable sample, the expectation was that the current care (family) arrangement would continue on after the young person had been legally discharged from their order.

Continuity of workers and support to the placement

Caseworkers were asked to determine the number of Families SA workers that had been allocated to the child during the previous two years, and, how often the current worker had physically met and/or spoken with the child during the previous six months. The results showed that:

- children in the stable sample had experienced a mean of 2.13 workers
- a third of children had only one caseworker
- 55% had two or three, and
- 9% had four or more.

The results for the comparison group were almost identical.

Workers for the stable group of children had on average met with the child 5.83 times or spoken with the child 3.12 times.

- Only two workers had not seen the child in person and half of the caseworkers had seen the child at least once per month.
- Telephone contact was generally more sporadic with almost half of the workers having not spoken to the child on the phone, and only around one in five having done so on at least a monthly basis.

The level of face-to-face contact with children in the comparison group was significantly higher: 80% of caseworkers had monthly or more frequent contact. A higher frequency of telephone contact was also observed, with 61% of caseworkers had monthly or more frequent contact with children in the comparison group.

Information was also sought concerning the services and supports provided to the child since he or she had entered the current placement. The most commonly used professional services were those provided by paediatricians, counsellors and psychologists. Organised leisure activities had been arranged for over a third of children. The stable group of children had generally used other services sparingly, thus, it is difficult to attribute the stability of the placements to a high prevalence of external services and supports.

A final analysis examined the responsibility ascribed to different everyday tasks in the child's life. The findings suggested that the foster carers for the stable sample of children took responsibility for the vast majority of daily tasks that theoretically, could have been assumed by other stakeholders in the care system. For example, foster carers organized and attended medical appointments and school meetings, they transported children to family contact and respite (where occurring), and they organized and provided children with opportunities to participate in sports and leisure-related activities. These foster parents assumed, therefore, a customary parenting role.

Discussion

The aim of this study was to obtain insights into the factors that appear to be associated with placement stability in South Australian Out-of-home Care. Based on the findings of previous studies it was hypothesized that children with stable placements would tend to have entered care at an earlier age than others in care, and would tend to have better psychosocial adjustment. It was also predicted that there would be good relationships between foster carers, caseworkers and biological families (where this contact was still maintained).

In general, the results of this study tended to confirm these hypotheses. The majority of the children in the stable sample (78%) had entered care as an infant (0-2 years), and were found to have less complex needs than other children in care. Over two thirds had experienced relatively little placement disruption and very few children were identified as having significant behaviour problems. They also scored significantly lower on every subscale of the Strengths and Difficulties Questionnaire (SDQ) in comparison to the group of children who had experienced placement disruption. These findings support previous research which suggests that better adjusted children tend to be more likely to achieve stability in placements; and/or confirm the view that stability itself contributes to better outcomes in children. In a cross-sectional study such as this one, it is not possible to specify the direction of the relationship, but the results nonetheless confirm the view that stability is at the very least associated with better psychosocial outcomes for children in care.

Somewhat surprisingly, these differences in psychosocial functioning were not accompanied by similar differences in the family background factors that had contributed to the children's entry into care (i.e. the nature and prevalence of problems affecting the children's families). Although the families of the stable children had a significantly lower prevalence of domestic violence, physical abuse, and substance abuse as compared with previous studies of children with high and complex needs (Osborn & Delfabbro, 2006), their backgrounds were generally quite similar to those of the comparison sample of children in this study. In other words, while it is possible to differentiate the family backgrounds of high-support needs children from other children in care, it is much harder to demonstrate clear differences between stable children and others who are in care. On the whole, the families of the stable group of children appear to have experienced many of the same problems as other children entering care. Arguably though, there may be differences in terms of the severity of the abuse or family problem experienced that were not captured in this study.

Osborn and Delfabbro (2006) have shown that one of the characteristic features of children with very disrupted placement histories is that they, on average, tend to be exposed to abusive environments for longer periods. Rather than coming into care early and decisively, these children either come into care later, or are returned to their biological families relatively quickly. A useful index of the relative exposure to Out-of-home Care and the home environment is obtained by dividing the amount of time the child has spent in care by the child's age in years. In the Osborn and Delfabbro (2006) high support needs study, children had only spent an average of 37% of their lives in care as compared with 73% for the children in the comparison sample and 83% for the very stable sample of children in this study. Moreover, children in the high support needs study first came into care at an average age of 7.5 years, whereas the children in this study entered care at an average age of 2 years. The results broadly suggest therefore that

the poorest outcomes both in terms of placement disruption and psychosocial functioning appears to be associated with later entries into care and instability in care arrangements in the child's early years of life.

Although the stable group and the comparison group both entered care at similar ages, fewer children in the comparison group entered care before the age of two (78% vs. 64%). Whilst this difference was not statistically significant, it may have been developmentally significant. The first 2 years of a child's life are the most critical for the development of attachment relationships so the age at which a child is separated from their birth family is very important. Between 18 - 24 months of age or later, children will necessarily go through a more severe protest-mourning reaction before allowing themselves to develop a significant attachment to the foster carers². Previous studies have shown that children with easier temperaments tend to be easier to place into care, so it is not clear whether the personalities of the stable children themselves led to more positive responses from carers. And as raised earlier, whilst the stable group and the comparison group did not differ significantly in terms of the identified difficulties experienced by the family at the time the child entered care, there may have existed differences in the extent or degree of abuse or family difficulties experienced by the children. In any case, children in the stable sample experienced less placement disruption during a crucial developmental phase. As a result, they were likely to have experienced sensitive and consistent care-giving and be provided with opportunities to develop secure attachments. The caseworkers for these children noted that the children in the stable group had entered care at a very young age, therefore allowing time for stable long-term attachments to be formed. The quantitative findings showed that 89% of children were considered to be strongly attached to their foster carer and 98% of children in the stable group were considered to be very well integrated into their foster family. For most, there was a sense that they would be a part of their foster family beyond leaving care.

Not only did the stable children enter care at a very young age, but they were also subject to clear and prompt decision making concerning their long-term wellbeing. The case file reviews indicated that recommendations for placement into alternative care occurred quite decisively. The average length of time taken from when children were first placed on a short term Order or Authority to the granting of a long-term Guardianship to 18 years Order was 22 months. 43% of the stable group was placed under long-term Guardianship within 12 months. Reunification was either seen as clearly inappropriate from the outset, or assessed to be unlikely relatively early. The decision-making processes regarding the viability of reunification and the time taken to place children under long term Guardianship were not explored for the comparison group so it is unclear as to whether there were any striking differences in decision making and practice that could have given rise to the differences in stability observed between the two groups. It may be that early entry into care together with early decision-making are the important predictors of future placement stability and good outcomes for the stable group of children.

Both the focus group findings and the quantitative analysis of stable children examined the range of factors thought to have contributed to stable placements. The key factor identified in both studies was the quality of the care provided by the carers and the focus group respondents identified many key carer qualities considered important in promoting placement stability. These included: a genuine interest in children, tolerance and acceptance of child behaviour, and making children feel like a part of the family.

Opinion within focus groups varied concerning the importance of consistency of workers for placement stability. All of the children in this study had been subject to caseworker turnover, which would tend to suggest that continuity of worker was not a key factor in influencing placement stability (at least for the stable group of children). However, it may be the case that a series of workers is more easily endured when the placement has remained constant: *'when certain aspects of children's lives are held constant, change in other areas is more easily*

² Gauthier, V., Fotin, G., and Jeliu, G., (2004) Clinical Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care, *Infant Mental Health Journal*, Vol.25, No.4, pp379-396.

*endured*³. In other words, children in stable placements may be better able to cope with worker turnover because they have experienced continuity of care. Thus it may be that continuity of worker holds more relevance where children and young people experience placement disruption, as worker stability may provide at least one potential source of continuity of relationship.

Finally, a noteworthy finding from this study was that very few children in the stable group had ongoing contact of any form with their birth families or relatives. The importance of children maintaining contact with their birth family has increasingly been recognized. Children's ongoing contact with their birth family is thought to be one of the most important factors affecting placement outcomes and children's developmental well-being. Children in care who maintain regular contact with their families have been found to benefit by being more settled in their placements, more able to manage relationships with adults, and are more socially and educationally competent⁴. There is also evidence to suggest that birth family contact has a protective function for children beyond care⁵. For the stable group of children, the establishment of a relationship with a permanent alternative family may have come at the expense of biological family connections. Family contact is however, only one way of providing a child with a relationship and knowledge about their family of origin and the children in the stable sample were aware of their biological identity and of the reasons as to why they were in care. Still, the loss of family connections may not be felt until these children are discharged from care. Similarly, the extent to which a long term alternative family has been provided is yet to be determined.

³ Berridge and Cleaver in Cashmore and Paxman (1996) Longitudinal Study of Wards Leaving Care.

⁴ Berridge and Cleaver (1987), Bullock et al (1991)

⁵ Cashmore and Paxman (ibid)

This bulletin draws on the findings of the '*Certainty for Children in Care*' research project. A full copy of the report and details of statistical analysis can be obtained from the Department for Families and Communities website.

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