

Stability in residential out-of-home care in Australia: how can we understand it?

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Introduction

Within Australia, out-of-home care (OOHC) is governed by the individual states and territories. Residential care in Australia is enacted via the provision of care by paid staff, who work on a rotating roster, and care for up to four young people in a house, typically aged between 12 and 18 years. Residential care is often considered to be a placement of last resort, meaning that it is often a young person's final placement before they leave care and young people may be in residential care for many years, despite attempts to limit the duration of it. The participants in the study to be discussed in this chapter spent between two and eight years in residential care, with an approximate mean of 3.9 years. This number is approximate because one young person was unable to determine how long he had been in residential care for. They entered residential care between the ages of 10 and 15 years, with a mean age of 13.1 years. A detailed review of how residential care is enacted in Australia is beyond the scope of this chapter, however, those interested may read [Ainsworth and Hansen's \(2005\)](#) article entitled 'A dream come true – no more residential care: A corrective note'. Furthermore, for a more complete theoretical foundation regarding the issues of stability, see the author's earlier publication, 'Examining the complexity of placement stability in residential out of home care in Australia: How important is it for facilitating good outcomes for young people' ([Bollinger et al, 2017](#)).

Stability in OOHC has been explored across many jurisdictions, largely indeed in the United States (for example, [Koh et al, 2014](#); [Newton et al, 2000](#); [Ryan and Testa, 2005](#)) and United Kingdom (for example, [Rock et al, 2015](#); [Schofield et al, 2017](#)), as well as in Australia (for example, [Barber and Delfabbro, 2004](#); [Cashmore and Paxman, 2006](#)). In almost every case, however, these studies have examined foster care and/or kinship care, wherein a child or young person resides with a family. Stability has never directly been studied in residential care in the English-based literature and indeed, the concept of 'stability' has only been given cursory consideration in

the extant literature. Stability has been operationalised by a placements-over-time paradigm, wherein a young person's placement history is considered to be stable or unstable based on how many placements they have experienced, therefore, someone who has experienced one or two placements would be considered to have had a stable care experience, while someone who has had 15 would likely be considered to have had an unstable care experience. [Cashmore and Paxman \(2006\)](#) identified that 'stability' based on placement numbers was less associated with outcomes than a sense of felt security within the placement, however the authors continued to operationalise stability and instability by the numbers of placements, however, their findings also identified that those with fewer placements had greater levels of felt security than those who had higher numbers of placements.

Placement 'instability', that is the experience of multiple placements, has been found, with marked consensus, to be linked to increased difficulties, such as contact with the justice and mental health systems in a range of different areas, both while in care and once the young people have left care (for example, [Jonson-Reid and Barth, 2000](#); [Newton et al, 2000](#); [Taylor, 2006](#); [Cusick et al, 2010](#); [Barn and Tan, 2012](#); [Fawley-King and Snowden, 2013](#); [Pritchett et al, 2013](#)). Some studies of care-leavers have explicitly considered placement numbers and found that greater placement numbers lead to worse outcomes once the young people have left care (for example, [Muir et al, 2019](#)).

While there is ample evidence of the negative impact of placement instability, there does not appear to be any significant reparative power of placement stability; that is, stability does not appear to bring about positive outcomes. [Tarren-Sweeney \(2008\)](#) argued that, for many young people in OOHC, a stable placement may merely lead to less deterioration than may have otherwise occurred, rather than improvements. The reason for this finding may become apparent when we examine how stability has been measured within the literature.

This chapter argues that a nuanced understanding of stability has not been examined in the literature; rather, what has been measured is a time in which a child has not changed placements. I aim to argue that stability requires more than a young person not experiencing a placement move, rather there are likely to be many factors that contribute to an experience of stability. I will explore how participants in my PhD research in New South Wales, Australia, construct stability based on their experiences. I will then propose a new conceptualisation of placement stability and identify how this can be used as a format for identifying whether stability can provide repair of harm.

Previous operationalisation of stability in out-of-home care

There has not been particular consensus on how stability or instability have been operationalised. In 2007, a review was completed that examined, in

part, the measurement of stability in foster care (Unrau, 2007). The review found that, across 43 studies, stability was measured in multiple different ways, each of which amounted to varying forms of counting the placements a young person had and determining whether that was stable, such as one or two placements constituted stability, more than this constituted instability. This approach to measurement can be considered a ‘placements-over-time’ approach to measurement.

Cashmore and Paxman (2006), however, reported that the feeling of security is more important than a placement period during which a young person does not change placements; though these two often co-occur. Within their New South Wales, Australia-based study, felt security was operationalised by collating the feelings, for the young people, of being loved, belonging and having one’s needs met within the placement. The authors found that, in general, lower placement numbers correlated with greater feelings of security within the placement. Therefore, the feelings of security are likely to have developed within attachment relationships that have a platform of stability and predictability. Notably, it was theorised that the need for stability functions as a way for individuals to form relationships with people that may become secure through the development of positive attachment. Without an ongoing placement, those attachments cannot be formed.

Connections between stability/instability and outcomes

In multiple studies in the US the link has been investigated between the use of mental health services and OOHC placement instability (for example, Rubin et al, 2004; Park et al, 2009; Fawley-King and Snowden, 2013). Fairly consistently, over large sample sizes ranging from 1,362 (Park et al, 2009) to over 19,000 children and young people (Fawley-King and Snowden, 2013), the results have demonstrated that placement instability is linked to greater use of mental health services such as psychiatric facilities. Fawley-King and Snowden (2013), with a very large sample size, examined incidences of placement change and emergency psychiatric hospitalisation within the first 90 days of a foster placement. The authors indicated that those who used mental health services more frequently had greater rates of instability.

While it has been found to be a consistent predictor of placement disruption, externalising behaviour (such as property damage, aggression, sexual acting out) has also been found to be a consequence of placement instability (Newton et al, 2000). Newton et al (2000) found that for 173 children of a total sample of 415 children in OOHC, who were initially rated as having no behavioural problems, the number of placements they experienced across the study period consistently predicted increased internalising, externalising and total behaviour problems 18 months later.

The authors also found that placement number was a ‘weak but consistent’ (Newton et al, 2000: 1372) predictor of internalising and externalising behaviour problems 18 months later.

A number of researchers have investigated the impact of placement instability on executive functioning, such as an inability to inhibit behaviour, an inability to consider consequences before acting and an inability to take an alternative perspective (De Bellis et al, 1999; Snyder et al, 2015). For example, Lewis et al (2007) compared 102 children in the United States aged between five and six who were in one of three groups: 33 adopted children who had previously had multiple foster placements (based on discrete numbers of placements), 42 adopted children who had previously had one foster placement and 27 children who had never been placed into foster care and were living with their biological parents. The authors found that those children who had experienced multiple placements performed worse on an inhibition task than those who had been in a stable placement. Furthermore, Pears et al (2010) discovered that as unique foster placement numbers (that is, each new placement) increase, a child’s ability for inhibitory control decreases, suggesting that a child’s ability to inhibit behaviour, such as taking something that is not theirs or stopping a behaviour that is inappropriate, reduces as placement instability increases.

Stability has not been found to advance more positive outcomes. Indeed, Tarren-Sweeney (2017) and Tomlinson (2008) both hypothesised that positive outcomes may simply be related to a lack of deterioration, or that youth experienced lesser adversity than they may have done had they remained in the family home. Devaney and colleagues made the salient point that stability involves ‘children’s feelings of connectedness and belonging that are characterized by steady emotional attachments to adults and members of peer networks’ (Devaney et al, 2019: 635), however, they also used the placements-over-time paradigm in their analysis.

My PhD research sought to examine whether a lack of apparent improvement in previous studies was connected to Tarren-Sweeney’s (2017) and Tomlinson’s (2008) hypotheses, or whether it was related to the general operationalisation of stability. The focus of the research was in examining whether, by developing an understanding of stability that incorporated the views, feelings and experiences of young people and staff who lived and worked in residential care, greater benefits of stability can be found. This is an exploratory and novel way of examining stability. While Cashmore and Paxman (2006) and Devaney et al (2019) have made arguments regarding the need for connectedness to safe others as forming a significant part of stability, no researchers have explicitly sought to understand what elements contribute to a feeling of stability and this research has never explicitly been examined in residential care. This research contributes a novel examination of an issue that has received widespread attention, in a new population. Furthermore,

research in residential care must take into account how stability may work in residential care, an environment with many moving parts including a rotating roster of staff, multiple co-residents and organisational structures that impact the stability of a given placement. The elements of inconsistency, such as rotating rosters of staff, that are inherent in the day-to-day experiences of young people in residential care, make providing stability challenging, given the lack of a single consistent caregiver, consistent people living in the house and consistent routines.

There appears to be a link between later functioning and the experiences of placement instability, with respect to mental health, contact with the criminal justice system, and drug and alcohol concerns. It stands to reason, then, that by understanding what constitutes stability and thereby implementing strategies to increase stability, then leaving-care outcomes may improve with respect to later functioning.

Methodology

The view of stability as being related to placement numbers led to an overarching aim of understanding what elements contribute to stability, as considered by staff and young people who work and live in residential care (respectively). To that end, an exploratory approach was taken to identifying potential variables associated with placement stability in residential care. Exploratory research, according to [Flynn and McDermott \(2016\)](#), is primarily used when there is little research on a particular topic. There are many individuals involved in residential care, from the other residents, to a rotating roster of staff, to a management structure and overseeing funding bodies, all of whom play a role in the life of a young person in residential care. Merely counting a child's placements and examining their outcomes on that basis fails to capture that complexity. This is because an individual may not experience a vast number of placements, but if the staff and other residents continue to change, the individual's experience of stability may be different and more akin to a young person who experiences multiple placements. Therefore, this research seeks to develop a specific understanding of what constitutes stability for a young person in residential care. This in-depth understanding is best sought through qualitative interviews with experts in their field, consisting of staff and young residential care-leavers, to deeply understand the experiences of stability and instability.

Sampling and data collection

In the current research, two approaches were taken to sampling: purposive and snowball sampling. Purposive sampling is driven by the researcher to select cases that may be useful to the study ([Flynn and McDermott](#),

2016). In this case, this was targeted at identifying participants from different organisations who had different work histories, ideally in different geographical locations, to allow for greater heterogeneity of the participants. In regards to recruitment of young care-leavers, participants were sought who ideally experienced different levels of instability, from different organisations, in different geographical locations. Further, certain groups were deliberately over-sampled (Rubin and Babbie, 2013), also known as maximum variation sampling (Flynn and McDermott, 2016) – a specific type of purposive sampling, as discussed earlier, to ensure that different perspectives were heard. For example, while the majority of staff working in residential care tend to be floor staff, however, in order to ensure that varied perspectives were heard, management, upper management and clinician perspectives were deliberately sought. The second approach was snowball sampling, which involved seeking an individual who fits the research criteria and asking that individual or those initial individuals to identify further participants who meet the study criteria. Staff and young people were not directly approached to be interviewed, however, those who referred participants were requested to identify participants who may meet the particularly sought-after criteria, such as experience in upper management or greater levels of placement instability.

Structured questions regarding the demographics of the participants were administered at the commencement of the face-to-face interview. Staff were asked for information on their experience working in residential care including their specific work roles and length of time working in residential care. For young people, demographic information was collected on the time spent in residential care and OOH generally, their numbers of placements, and their current experiences regarding mental health, education and living situations. This provided detail about their pre-care, in-care and post-care experiences. Given that young care-leavers, and particularly those in residential care, have poorer outcomes than their peers who were not in OOH (Baldry et al, 2015), understanding the participants' experiences of mental health, education and housing were deemed important so as to compare the current participants to what is generally known about residential care-leavers.

Ethics approval was granted by Monash University's human ethics committee. Semi-structured interviews were conducted with recent care-leavers and current and former staff members who had worked in residential care in New South Wales. The interview schedule was developed by the primary researcher, in concert with the supervisory team. It was designed to elicit information about experience living or working in residential care, experiences of placement changes, either as a young person or staff member, and experiences of or beliefs about the impact of stability or instability. Interviews lasted approximately one hour and young care-leavers were

thanked for their time and participation with a AU\$30 gift card. In the final sample were 13 staff members, with a variety of positions including two clinicians, two senior managers, six managers or co-ordinators and three youth workers; and eight young people ranging in age from 18 to 24.

The following vignettes have been written as an amalgam of many young people to highlight what can be typical experiences in residential care. The young people described have experienced varying degrees of 'stability' when considering the number of placements they experienced as well as varying degrees of relationship stability.

Vulcan, a 12-year-old Indigenous boy, was removed from his family when he was eight. He spent three years in foster care, going through seven different placements. He then entered residential care at 11 years of age and has been in one placement in that time. He will regularly leave his placement and go home to his family, resulting in being considered a missing person until he is sighted by the police. He is then returned to his placement where he feels fairly disconnected from his caregivers because he does not spend enough time in the placement to build a relationship.

Lily is a 15-year-old girl who was removed from her family when she was two. She spent most of the next nine years in a single foster family, until she was given up again by her foster carers due to extreme behaviour problems. She has since been in nine residential care placements, over the last four years. She has been in her current placement for nine months, the longest she has spent in a placement since leaving her foster placement. Her co-residents have been inconsistent since she moved in, however, the staff have been fairly consistent. She has a good relationship with one staff member, however, she only works part-time.

Trevor is 17 years of age. He has been in his residential care placement for the last three years and has positive relationships with all the staff members. He feels closely connected to them, however, has no real relationship with the other young people in the placement. He has managed to maintain some employment for the last month, after being out of education for the last three years. He has begun to feel extremely anxious about his impending 18th birthday when he will have to leave the placement. He does not have any family he can live with and is unsure where he will live.

Data analysis

Qualitative interviews were analysed using thematic analysis across a six-step process (Braun and Clarke, 2006; Braun et al, 2015). For the present study, interviews were transcribed into Microsoft Word and then uploaded into QSR NVivo to assist with data analysis. In order to ensure that the data analysis was trustworthy and credible, a number of approaches were used. First, member checking was used, particularly during the interviews, to

ensure that meaning was understood and clear, for example, the following exchange took place with one of the participants:

- Interviewer: OK, so you said that house worked quite well because of the staff are all really solid and there was a sense that you were generally cared for?
- Respondent: Cared and loved as two different words, you felt loved.
- Interviewer: By all of the staff?
- Respondent: Yes.

By rephrasing what was said and confirming that was the intention of the speaker, the interviewer was able to confirm the meanings conveyed by the speaker. This approach was taken with all participants. Second, peer review was used by providing the supervisory team with copies of the transcripts and discussing coding approaches. Once the interviews were transcribed, specific transcripts were discussed with the supervisory team to ensure that coding was consistent. Third, purposive sampling and maximum variation sampling was used and driven by the research problem to bring both typical and divergent cases to broaden the range of data gathered. In this case, that meant that a spectrum of 'instability' was sought out, from those with one residential care placement to 28 placements, with a variety of pre-residential care experiences, from no foster placements prior to their residential care placement to 32 prior foster placements.

Who are the participants?

The young people ranged in age from 18 to 24, with a mean age of 21.1. Three participants were female, four were male and one identified as a transgender male. Three of the eight, all males, identified as Indigenous. Half of the sample had achieved year 12 qualifications, with a further half of the sample being young parents. These groups did not overlap, that is, those who had completed year 12 did not have young children; those who did not complete year 12 did. Further, everyone in the sample reported having a disability or mental health condition and everyone in the sample at the time of the interview had safe housing. Some participants struggled with recalling detail about their time in care and prior to it, so were unable to provide precise numbers. This makes accurate estimates of average numbers of placements, schools and even age of entry into the care system difficult to assess. It is notable that almost all the participants who entered residential care via foster care reported that they entered residential care because of a lack of further foster placements. Further, the smallest number of total placements had by one participant was two, the highest number of total placements was 36. The smallest number of residential care placements was one, with

the highest being 28. Of those who had been in foster care, the smallest number of foster care placements was two with the highest being 32. The mean number of placements was difficult to elicit as some participants could not recall the exact number. This cohort had mixed care experiences, with most experiencing foster care and residential care, however, a small subset experienced only residential care.

Staff participants had a mean age of 44.4 years (min. 20, max. 51), with eight males and five females participating. As is evident, there is a wide range of experience held by the participants, with the mean number of years of experience as 10.8. Most participants have a degree (either undergraduate or postgraduate) from a range of disciplinary backgrounds including psychology, social work and youth work. It is notable that the sample is highly educated, with nine out of 13 (69.2 per cent) staff participants holding at least an undergraduate degree, and 23 per cent holding postgraduate degrees. Those that hold lower qualifications, such as a qualification from a technical college (TAFE) or high school degree, dominated the youth work/floor staff roles. One participant with a TAFE qualification worked as a coordinator, however. Those who worked in clinical roles or management positions all held at least an undergraduate degree.

Novel findings

Remarkably, both staff and young people agreed on the fundamental elements of stability that are necessary. Both groups also identified some elements that were unique to their own experiences that flew under the radar of the other group. For example, young people identified the need for ongoing contact with staff once they left care. Staff identified the need for supervision and training. Before discussing the discrepant findings, let us examine some of the main findings that were unanimous and subsequently the discrepant findings, all of which contribute to an entirely new and previously unconsidered understanding of stability.

Staff consistency

‘For me a stable placement means that there are not frequent changes in the staffing and other young people coming and going and their case worker and clinician and other people around them. I think that stability is the people that are involved in their life or constantly there, even if they stay in the house, [change] is just as unsettling for them as moving frequently, which is a worst case scenario.’ (KI, coordinator)

Staff and young people both identified the need for consistent staffing as being vital. Consistency applied to both the staff members and constancy within

the house, including staff interpretation and enactment of the rules and routines and how the staff managed various situations, such as maintaining routines or addressing behavioural difficulties like property damage or self-harm. It is notable that for both sets of participants, this is considered to be one of the most vital elements that brought stability to a placement, and it may encompass both the house staff as well as the ancillary staff such as caseworkers, managers and clinicians.

Some of the young people reported they had had a great deal of instability of staff, even while remaining in a single placement, or two placements, which led to feelings of disconnection and a fundamental sense that the placement was not positive. For example,

‘[W]ith stability there’s kind of got to be that permanency, like we went through probably three clinicians in the two and a half, three years that I was there, two educational consultants, two house managers. So there was never permanence and even with permanent staff, they rotated a few times as well but ... and the staff have to be able to build a connection with the kids: one, it would make working easier and two, it’s much more effective.’ (E, 18 years, male)

One participant noted she experienced the instability as leaving her feeling that there was “no point in being on this earth ... not having stability ... ma[de] me feel like no one on earth cared ... or the people that tried to and I did would then leave” (B, 18 years, female).

Other young people who reported a greater number of placements, but still had placements within which there was stability of staff with whom they felt connected, reported more positive experiences within residential care: “Well I still talk to them to this day. So I must have had a good connection with them because I still see them and talk to them. Like, they know my kids and stuff” (D, 21 years, female). This finding has not previously been made in the existing literature on stability. However, this can be explained by the previous literature being based on foster care, as such there has been no need to explore the role of a rotating roster of staff. The key difference between foster care and residential care is that foster care is a family-based model, in which the young person resides with the family, as part of the family. Therefore, for a placement to be consistent, the caregivers also, by definition, are consistent and known to each other and those in the placement. This difference between the placement types highlights the need for researchers to specifically examine stability in residential care. Within residential care there is no guarantee of consistent caregivers, nor that these caregivers are known to each other, as in the case of new employees or casual staff. Thus, this particular finding needs specific consideration.

Co-resident stability

Surprisingly, co-resident stability was not raised by either group with regularity. When asked about co-resident stability, the answers were largely equivocal, with some staff and young people acknowledging that it was detrimental to have co-residents change, others indicated that it had little impact and others noted that it could be positive for co-residents to change. Some young people provided their differing views on co-resident changes:

‘Oh definitely, you feel the difference in the atmosphere when someone [young person] moves out, you know. You don’t feel as cheery as when they were around, kind of thing.’ (A, 24 years, male)

‘I never really got along with most of my housemates, so when they left it was fantastic. Got peace and quiet. I’ve had housemates to the point where I had a room downstairs, they had a room upstairs and they’ve been jumping on the floor all night. So, I’m just like “yep, bye, I can sleep now”’. (A, 24 years, male)

‘[Regarding placement moves for young people] It doesn’t [matter], you get more time if you’re in a house where there is two staff members and two kids. Once they leave, you get two staff members so it’s better. Until, that’s for as many hours [as] there is not another kid shoved in straight away after, which usually happens.’ (M, 22 years, male)

It appears that co-resident stability is relevant only when the relationships are positive between the residents in the house. This finding further highlights the need for positive relationships to be at the centre of the stability argument, as without positive relationships, consistency cannot be sufficient. The experience of negative peers, or peers who can be frightening, detracts from the experience of stability, however, positive peers can enhance that experience.

Casual staff

‘The same way they were, like a kid wouldn’t be OK for you to go look after some other baby and just leave your kid. That’s how we feel, these people were like our parents, so we want consistency. We don’t want you here one day of the week and then back the next, then you know, off for two weeks and then drop back in again.’ (M, 22 years, male)

Both sets of participants identified the presence of casual staff as destabilising for the placement. The participants, as a group, noted that casual staff are

unfamiliar both with the residents themselves and the routine. This leaves the young people feeling unsettled. The consistency provided by regular staff is, according to [Cashmore and Paxman \(2006: 238\)](#), the conduit by which ‘meaningful and trusting relationships’ are formed. The presence of casual staff inhibits the development of meaningful and trusting relationships because they are not consistently there. The young people likened the presence of some casual staff with feeling akin to being abandoned by their parents.

This finding is notable, in that it wholly expands the understanding of stability as extending beyond a paradigm of placements over time. The experience for both groups of casual staff as destabilising, as reducing the stability of the placement, highlights that simply being in a placement over a period of time is insufficient as an operationalisation of stability. For a young person, if simply remaining in one residential house for an extended period of time were a sufficient experience of stability, the presence of casual staff, while all else remains the same, should not detract from the stability of the placement. The fact that, according to the young people and staff participants in the current study, it has a significant effect, enhances the understanding of what it means to be in a stable placement.

Safety

‘Yes, that’s the main thing, that they feel safe. Because I’ve heard young people say that they’ve been at home and that people have come into the house, broken into the house and there’s no one there to look after them. Where here where I’ve worked, I’ve had young people come to attack other young people and we’ve stopped them at the front and they know someone cares about them.’ (IE, youth worker)

According to the staff and young people, the development of a sense of stability relied upon the experience of both felt and actual safety within the placements. This means that the young people were physically safe from harm within the placement, but also felt safe while they were there. The discussion by both staff and young people highlights that the feeling of safety is as important as the experience of being physically safe. Both the staff and young people cited the need for physical safety within the placement. However, notably, the young people referenced safety almost exclusively in the context of safe peers rather than safe staff, or feeling safe with staff. Staff typically, however, discussed safety in the context of healing. They expressed the view that young people who felt safe had greater opportunities to heal the harm to which they had been subjected and to participate in therapeutic interventions.

Organisations, therefore, have a responsibility to provide an environment within which a young person can experience safety and stability and staff

can provide a safe and stable environment. This environment will begin to allow young people to heal, through developing emotional regulation skills, a positive view of themselves and a sense of belonging in a positive and safe environment. The development of these skills and attributes can only occur within a stable environment, through stable and positive relationships with others who genuinely care for them and think well of them.

Ongoing staff contact

‘We felt like a lot of these blokes, you know, they still speak to you to this day and have met my kids, you know. All these blokes, they still keep in contact, you know. They’ve offered hands when I need it, they’re part of my family that I see.’ (M, 22 years, male)

One important element of stability that only the young people focused on was the staff contact that continued beyond their time in residential care. They commented that the relationships formed with staff were similar to positive relationships with family. They stated these provided ongoing practical and emotional support after their time in care had ended. Some young people asserted that residential care staff taught them about parenting and made them feel loved. Residential care agencies may need to focus more on the importance of ongoing contact after leaving care. They could do this by not only supporting but encouraging this contact and making provisions for the staff to be able to maintain it.

Training and supervision

‘I’ve got a good manager who makes me feel supported because she’s always working hard to keep the team together and she’s always working with the team and she has the same goals we have – trying to make it like a family environment as best we can. So, my manager is really good like and the rest of my team are really good but it’s a hard struggle sometimes for the team.’ (AB, youth worker)

Staff identified training and supervision as important. The young people tended not to raise this as a salient issue for them, probably because this is not part of their day-to-day experience. Nonetheless, the staff identified that ongoing training and supervision was valuable in assisting them to continue their work with young people. This is particularly so during difficult times, such as when a poor match between co-residents increases stressors in the house, or if a young person displays particularly challenging behaviours.

Staff noted that training, such as specific training in trauma-informed care, allowed them to understand what was occurring with the young

people and develop strategies to more effectively assist them. Further, ongoing supervision provided support to the staff. They noted that, without support, staff tend towards burnout and may take advantage of their leave entitlements. This, in turn, creates greater instability for the young people. The staff, at all levels, spoke of the need for training and support so they could cope better with their demanding work role. The support provided by management appeared to assist the staff to manage the ongoing difficulties within the residential houses, such as challenging behaviour or difficult dynamics between residents. This support helped staff commit to remaining consistent with the young people. Without such support, the consistency of staff would be compromised.

Discussion and practice implications

The findings from both groups highlighted an intricacy associated with an experience of stability that extend far beyond the experience of a single placement equating to an experience of stability. Indeed, it is likely that fewer placements, ideally a single placement, is an ideal outcome for a young person in residential care. A single placement gives rise to a likelihood of a consistent set of carers with a greater likelihood of an experience of consistency with rules, a familiarity with the neighbourhood, and so on. It does not, however, guarantee any of the other elements discussed here. The elements identified by the staff and young people are separate to a singular placement, they are required *as well as* fewer placement changes. Therefore, in order to create an experience of stability, a young person requires consistent caregivers, few casual staff, a safe environment and, ideally, an ability to have ongoing contact with the staff once they have left care. In order to provide this, the staff need the opportunity to be provided with training and supervision. The organisation's responsibility to facilitate support for the staff providing the day-to-day care cannot be understated, despite it not being an obvious or visible element of stability. Staff noted that the work they do is difficult, particularly when there are young people in the placement who are poorly matched or there is a great deal of externalising behaviour occurring. Therefore, being provided with close supervision and support from their managers can make any placement viable.

The conceptualisation of attachment stability can be highlighted by the finding that casual staff can destabilise the placement. Furthermore, that co-residents can change and not affect the residents left behind when there is either no relationship or a negative relationship also enhances the argument that positive relationships, attachment security, is a fundamental need for stability to be present. When the relationships are absent, such as with co-residents with whom there is no bond, or casual staff who are not known, or

unfamiliar, there is an absence of stability. An ongoing, consistent placement is insufficient for a young person to feel stable.

There are multiple layers to stability. These include the continuity of a placement, the continuity and quality of the relationships within the placement, as well as the internal sense of stability and feelings of belonging and safety. Staff across all levels identified that with instability, there is often an increase in risk-taking behaviour, negative impacts on an individual's sense of self and disengagement from the house and school. The staff noted that when there is instability, the young people may become involved in the juvenile justice system and use alcohol and/or other drugs (AOD). The young people equally identified that when they were disengaged from the staff they may get in trouble with the law, engage in AOD use, and that their sense of self may be hurt. The young people reinforced the findings of the staff that when there is instability, a young person is likely to suffer its ill-effects and may experience long-term consequences, particularly if there has been juvenile justice or AOD involvement. It is therefore imperative that we consider the implications for this research. Stability, as considered here, as being fundamentally related to positive relationships, with staff and other residents, needs to be prioritised. A consistent placement is a necessary but insufficient condition for a young person to feel stable and for the benefits of stability to be seen. Therefore, we must find ways to ensure that young people have the opportunity to build significant and genuine relationships with those that are caring for them and living with them. A relational approach will require support from management, to provide ongoing training and supervision to the staff on the front lines, increased engagement between the staff and young people to assist the young people to build relationships with each other and the opportunity for young people to remain in a placement with continuous staff and co-residents to be able to do so.

Limitations of the research

The research discussed has some limitations of note, particularly that the research was all conducted in one state in Australia, namely New South Wales. Furthermore, the somewhat small sample size, while not inappropriate for a qualitative study, cannot express the breadth of experience. Both limitations could benefit from being addressed with a broadening of place-based scope, such as expanding the research across Australia, with a larger sample size. Both approaches would provide greater support to the findings.

Conclusion

The case studies discussed previously in the sampling section, Vulcan, Lily and Trevor, support the findings that stability, as understood and constructed

in this chapter, is vastly more complex than the experience of a singular placement and the provision of stability needs to take into consideration the elements discussed in this chapter.

Based on the findings in the current study, stability relates to vastly more than a single placement. On the basis of previous operationalisations of stability, the young people, Vulcan and Trevor, would have been considered to have experienced stability; however, would they feel that way? Upon reflection, Trevor may acknowledge the stability he experienced, however it is likely that he is not feeling stable in this time. Vulcan has a stable address, however, he has no quality relationships on which to build. Lily has experienced marked instability, however, may be working towards a feeling of stability if she is able to continue to build on the relationship she has established with one staff member.

The notion of stability *must* be considered as involving the elements discussed in this chapter, rather than an assumption that remaining in a singular placement provides stability. Some of the key findings in this chapter highlighted that a single placement is insufficient for the experience of stability, particularly the struggles reported when casual staff are on shift. Young people experienced increased disconnection and increased dysregulation with the presence of casual staff, which strongly suggests that a single placement is an insufficient factor for providing an experience of stability. Without ongoing, stable, predictable and genuine relationships provided by the placement, all that is provided for the young people is accommodation. Furthermore, the participants identified that when 'stability' is understood as genuinely caring relationships, there appear to be improvements in outcomes. The extant literature that has measured stability purely in terms of placements has failed to find improved outcomes. Therefore, by engaging in measuring and providing stability in the forms of both ongoing placements and consistent relationships, we are able to begin meeting the fundamental needs of stability that a young person has. That is, a felt sense of stability within a placement appears to be related more strongly to a safe, consistent placement within which the young people can forge and maintain (beyond their time in care) genuinely caring relationships with staff who are, in turn, supported by the management of the organisation. This research provides a new and edgy understanding of what constitutes stability. The findings have shed new light on how we consider stability for young people in residential care, through research that has not been undertaken in any jurisdiction. The findings can be utilised by organisations to begin to identify the areas of focus to provide greater stability for young people, such as through supporting staff members to be able to provide greater consistency and be happier in their workplaces, or developing more appropriate models of using casual staff to ensure that there is greater familiarity for the young people with who is taking care of

them. By taking such elements into account, an organisation will be better equipped to provide greater feelings of stability and, in turn, potentially allow for better outcomes for the young people they seek to care for.

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