

Mapping Maltese children in foster care: Survey findings

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Abstract: This paper outlines part of the findings of a survey study of social work case files. The study was the first one of its nature within the Maltese islands. It was needed to fill the research vacuum about the profiles of 136 of fostered children in Malta. As this was the first time these statistics were gathered, the findings form a baseline model and provide useful comprehensive data on the demographics and characteristics of fostered children for the Maltese government and Social Services Department as well as for future research.

This research analysed the demographic variables such as gender, locality, ethnicity, disability/learning difficulties (if any), and age of 136 children being fostered at the time of the study. Other variables, amongst them legal status, type of care, duration of care experiences, and placement moves were also studied.

Keywords: foster children, care careers, legal status, type of care, duration in care, placement moves, care orders, court orders, voluntary placement, kinship care, non-related care and social contact care.

The objective of this paper is to provide a picture of the children residing in foster care and to map their care careers. It is based on a research that was carried out by means of a survey study of social work case files. Some of the findings of the survey are presented in this paper. Children residing in the Maltese foster system do not fall into one homogenous group. Different patterns of their care experiences have emerged from the data collected.

The experiences of children within the Maltese foster care system are diverse. Not all children are cared for by the formal system. Some are cared for by social contacts (adults who are part of the children's everyday life). What is known as 'kinship care', which refers to

care provided by adult family relatives, has grown as a result of the introduction of the Child-in-Care Benefit. Foster care also evolved in response to legal developments. The cohort of children whose file has been analysed in this study has been influenced by these developments.

Gender, Locality, Ethnicity, and Disability/Learning Difficulties

Out of the total number of 136 children looked after in foster care, 71 (52.2%) were males and 65 (47.8%) were females. Seventy (51.5%) children looked after in foster care originally came from the South Easterly Region of Malta; the remaining 60 (44.1%) were from the North Westerly Region and 2 (1.5%) from the Gozo and Comino Region.

Similarly, the results showed this subdivision into six districts of origin. Close to 42 percent (41.7%) of children originally came from the Southern Harbour District, 29.5% from the Northern Harbour District, 11.4% from the South Eastern District, 9.8% from the Northern District, 6.1% from the Western District, and only 1.5% from the district of Gozo and Comino.

The findings reported a situation where the relative majority of children came from the Southern Harbour District, considered amongst the least affluent areas within the Maltese islands.

The majority of children (85.3% totalling 116) were Maltese in origin. A total number of 20 children (14.7%) had mixed heritage. Only one child had both non-Maltese parents. In most cases, the non-Maltese parent was the father. The majority of non-Maltese parents were from the African continent, most often from Tunisia, Egypt, Nigeria, and Zimbabwe. One child had a parent who was a European national and another had an Asian father.

The survey investigated evidence of disability/learning difficulties within the cohort of Maltese fostered children. Out of the 136 children, information was not available for two children. One-hundred-and-seven children (79.9%) did not have a disability/learning difficulty but 27 (20.1%) had some form of learning difficulty/disability. The most common type of learning difficulty found was dyslexia (6), followed by Attention Deficit Hyperactivity Disorder (ADHD) (5). However, within

the cohort of fostered children, disabilities such as Autism Spectrum Disorder (1), Cerebral Palsy (2), Down Syndrome (1), Epilepsy (2), and Hydrocephalus (1) were also present. The remaining learning difficulties or impairments were not identified in the files.

Age

Children's current age at the time of the study ranged between the ages of 4 months to 17 years of age. The mean current age at the time of the study was 8.7 years (SD = 4.66 years). The total number of 10 children (7.4%) was between the ages of 0 and 2 years (Category 1). Out of these 10 children, 3 were under the age of 1 year. Nineteen children (14.1%) were between the ages of 3 and 4 years (Category 2), 48 (35.6%) between 5 and 9 years (Category 3), 39 (28.9%) between 10 and 14 years (Category 4), and 19 (14.1%) were young persons aged 15 years and over (Category 5).

Further analysis of the age variable was undertaken. The survey looked at the age when children first went into care and their age when admitted to the current foster placement. Whilst the current age at the time of the study of children looked after in foster care was somewhat evenly dispersed, findings about ages when children first went into care showed a different trend.

Almost three-quarters of children, 95 (73.1%), out of the 130 children for whom data were available, first went into care at a very young age between 0 and 2 years (Category 1). The mean age when children first went into the care system stood at 2.22 years (SD = 3.32 years).

Sixty-eight children (52.7%) that is, more than half of the cohort, first went into care prior to their first year. The rest were admitted into care at a later stage. Eleven (8%) were admitted between the ages of 3 and 4 years (Category 2), 16 (12%) between 5 and 9 years (Category 3) and 7 (5%) between 10 and 14 years (Category 4). Only one individual entered care at the late age of 16 years (Category 5). The latter was considered an outlier. Therefore, a very large percentage of 81.5% were admitted prior to their compulsory school age. This age stood at the age of 5. These results showed a care career experience, which started at a very young age.

The study also surveyed the age when children were admitted to their current foster placement. The mean age of children admitted to their current foster placement stood at 4.78 years of age (SD = 4.11 years). Twenty-four children (18.2%) were admitted to the current foster placement prior to their first year. Forty-seven children (35.6%) entered their current foster placement between 0 and 2 years (Category 1), 29 (22 %) between the ages 3 and 4 years (Category 2), 36 (27.3%) between 5 and 9 years (Category 3), 17 (13%) between 10 and 14 years (Category 4), and only 3 (2.3%) were admitted at the age of 15 and over (Category 5). Close to 60% of the surveyed cohort of children moved to the current foster placement prior to the Maltese compulsory school age of 5.

It was found that children were mostly into long term care. There were differences between the following variables: i) the children's current age at the time of the study ($M = 8.7659$, $SD = 4.68$) and age when children were admitted to the current foster placement ($M = 4.78$, $SD = 4.11$). There were also differences between the children's age when they first went into care ($M = 2.22$, $SD = 3.32$) and their age when admitted to the current foster placement ($M = 4.78$, $SD = 4.14$).

A gender difference was also evidenced when children were admitted to the current foster placement. Males were slightly older when they entered the current foster placement ($M = 2.46$, $SD = 1.146$) than females ($M = 2.03$, $SD = 1.098$). Boys remained slightly longer either in previous placement or with the family of origin, as applicable.

Legal Status and Type of Care

The children's care career experience was also influenced by two aspects: i) their legal status and ii) the type of care. Upon surveying the cohort, it was strikingly clear that Maltese fostered children were in care with the expressed consent of their family of origin. Seventy-nine children (58%) were in care on the basis of voluntary agreement (which entails voluntary agreement by parent(s) with parental rights for their children to be cared for by someone else), followed by 41 (30%) legally under a care order. Only 16 children (12%) were under a court order. The type of care experienced by children in the current foster

placement also varied. Fifty-six children (over 41%) were admitted to kin care, and the remaining 80 (59%) were either in social contact care (50 children or 37%) or in non-related care (30 children or 22%). This high percentage of children cared for by kinship carers seemed to relate to the introduction of the Child-in-Care Benefit.

To further investigate whether there was a relationship between legal status and type of care, a chi square test of independence was carried out. A significant association between legal status and type of care ($X^2 = 25.596$, $df = 4$, $p=0.000$) was revealed. Children under a voluntary agreement were more likely to be in kinship care. On the other hand, children under a care order were more likely to be in non-related care.

Further analysis was undertaken to extrapolate the significance of the gender variable in the relationship between legal status and type of care. Another chi square test of independence was carried out. The results showed that the introduction of a third variable had no effect on the significance of the relation between legal status and type of care. In this case, there was a significant relation for both males ($X^2 = 14.183$, $df = 4$, $p=0.005$) and females ($X^2 = 13.189$, $df = 4$, $p=0.010$). Children under a voluntary agreement were more likely to be in kinship care irrespective of gender. Furthermore, children under a care order were more likely to be in non-related care irrespective of their gender.

A homogeneity analysis (see Figure 1.1) provided a visual figure of interactions between the three variables: legal status, type of care and gender. The two dimensions extracted by *HOMALS* had eigen values of 0.494 and 0.380 respectively, indicating that Dimension 1 was slightly more important in the overall picture. Figure 1.1 presented a plot of category quantifications, which showed the average scores on two dimensions of all the responses that fell within that category.

The homogeneity analysis presented four sections whereby the responses were plotted and graphically showed a two dimension picture, which identified emerging patterns. Children under a care order were more likely to be in non-related care, and an interplay between kinship care and voluntary agreement could also be identified. Though chi square tests of independence did not show the significance of the third variable gender as impacting on legal status and type of care, yet the homogeneity analysis identified the increasing presence of males in social contact and females in kinship care.

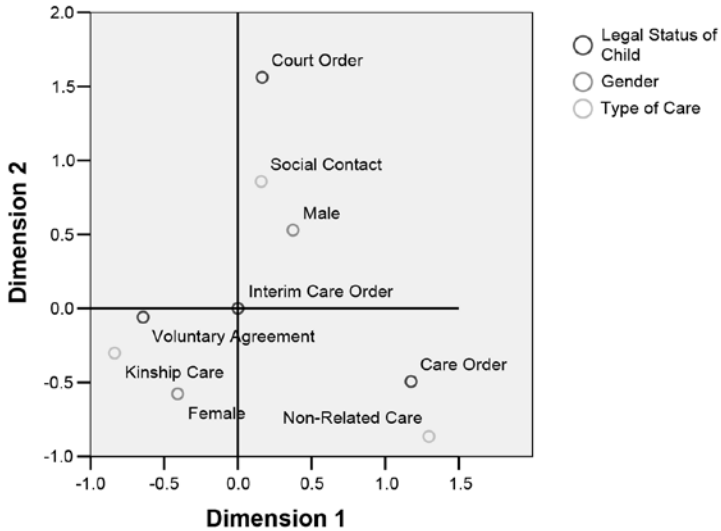


Figure 1.1: Homogeneity Analysis – Legal Status by Type of Care and Gender

Reasons for Entry into Care

To gain a deeper understanding about the experiences of children looked after in foster care, data about their reasons for entrance into care were collected. A total of 112 children (82.4%) came into care as a result of parental issues, 23 (16.9%) came into care due to child issues and only one child came into care as a result of external factors, in this case sub-standard housing.

There were five major parental reasons why children came into care. These were: mental health (22.3%), rejection, estrangement from/or collapse of family (22.3%), single parenthood (17.9%), substance misuse/drugs (17%), and family under stress (6.6%). Other reasons, namely no parents, physical illness, substance misuse/alcohol, offending, and domestic violence, were other parental reasons leading to the child’s entrance into the care system but were least prevalent in this cohort.

The occurrence of a disability/learning difficulty and abuse/neglect were the two main child reasons for children’s entry into care. Abuse/neglect featured in 19 (14%) children whereas disability in only 4 (3%).

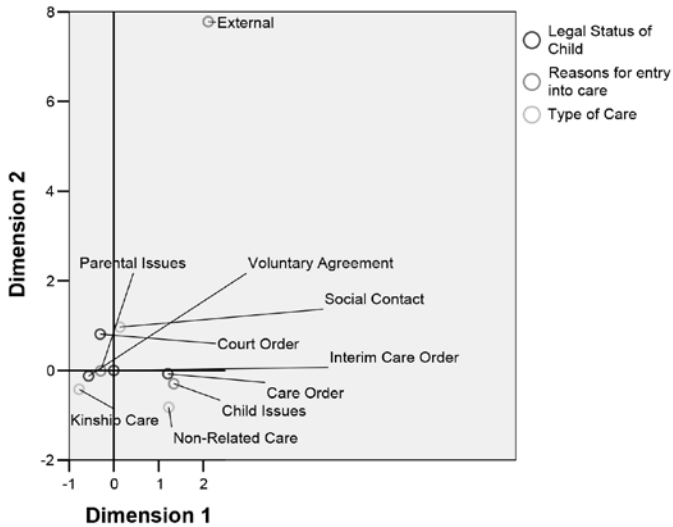


Figure 1.2: Homogeneity Analysis – Reasons for Entry into Care by Legal Status and Type of Care

Physical neglect (11) followed by physical abuse (7) featured as the two major types of abuse recorded for this cohort.

Reasons for entry into care were further analysed by introducing other variables and running chi square tests of independence and a homogeneity analysis. Chi square tests of independence yielded significant results when the associations between the variables legal status, type of care, and reasons for entry into care were investigated. There was a significant relation between child’s legal status and reasons for entry into care ($X^2=12.106$, $df=4$, $p=0.017$) and type of care and reasons for entry into care ($X^2=9.622$, $df=4$, $p=0.047$).

Parental issues and voluntary agreement were significantly associated. More than 51 per cent of children on a voluntary agreement were admitted to care as a result of parental issues. Furthermore, parental issues were also significantly associated with kinship care.

The interaction between the three variables reasons for entry into care, legal status and type of care was obtained by means of a homogeneity analysis (see Figure 1.2).

The two dimensions extracted by *HOMALS* had eigen values of 0.545 and 0.371 respectively, indicating that Dimension 1 was more important in the overall picture. The following patterns emerged from the homogeneity analysis:

- i) Children in the care of kin carers were more likely to be admitted voluntarily and as a result of parental issues;
- ii) Children under a care order were more likely to be placed with non-related carers and admitted due to child issues.

Duration of Care Experiences

The duration of care experiences was investigated by using two main variables namely: total number of days in care and number of days in the current placement. The number of days in care ranged between 23 days to the total of 6,335 days (17 years). As identified there was a wide dispersion. The mean length in care of the cohort totalled to 2,531.25 days (7 years) (SD = 1,718.38 days). Similarly, the total number of days in current placement ranged between 23 days to the total of 5,940 days (16 years) with a mean of 1,536.32 days (4 years) (SD = 1,292.927).

The cohort of children residing in foster care was mostly in long-term care (122 children, 90.2%). A total of 11 children (8.3%) were in intermediate care and only 1 child was in short term care and 2 were in respite care. These results indicated that the majority of the cohort was in long-term foster care with the total of 86 (64.6%) who were in care for more than two years and over, out of whom 41 (30.8%) were placed in care for more than five years and over.

The results show that the children generally stayed a long time in care, longer than the actual experience of residing in their current foster placement. Children in foster care were likely to have experienced care prior to their admission in current foster placement and their experience was long term.

Differences in the mean total number of days in care between non-related care and social contact and kinship care and social contact were obtained. Children cared for by social contact carers stayed longer in care than their counterparts in both non-related care and kinship care.

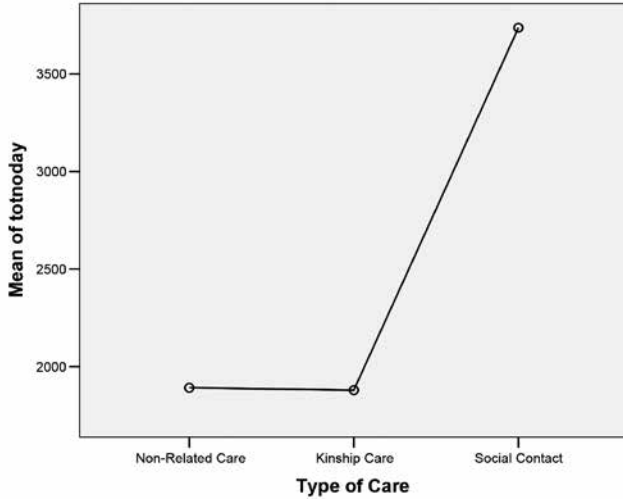


Figure 1.3: Mean Number of Days in Care by Type of Care

A difference in mean number of days in the current foster placement between children in non-related care and in social contact care resulted (see Figure 1.4). Children in social contact care stayed longer in their current foster placement than their counterparts in non-related care.

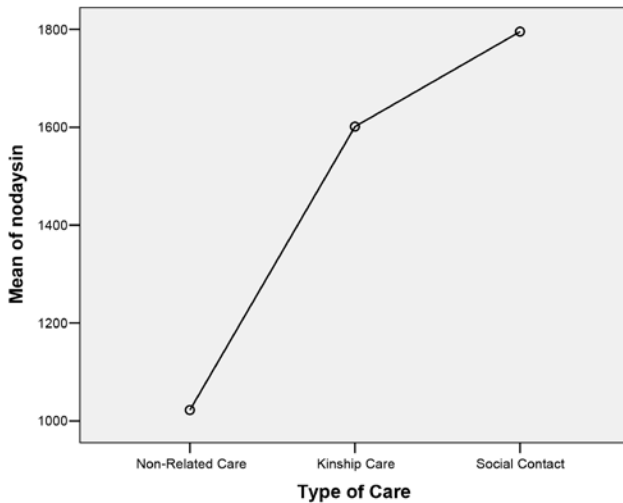


Figure 1.4: Mean Number of Days in Current Foster Placement by Type of Care

Previous Placements and Moves

Eighty-nine children (62%) experienced previous placements ($X^2=8.627$, $df=1$, $p=.003$). Seventy-one (52%) had previous experience in residential care, 3 (2.2%) experienced a previous foster placement, and 10 (7.4%) previously resided in both foster care and residential care. Further analysis was carried out to study the variable previous placements by the child's legal status and type of care. Chi square tests of independence showed an association between legal status and previous placements ($X^2=16.112$, $df=2$, $p=.000$) and type of care and previous placements ($X^2=45.172$, $df=2$, $p=.000$).

Children who resided in voluntary care were likely to have had previous placements. Yet they were also mostly likely to have had the least number of previous placements. There was a striking percentage difference between the latter group and children who were under a care order in terms of the number of previous placements. Those under a care order experienced more previous placements.

Other results indicated that children in social contact care were most likely to have had previous placements followed by children in non-related care. On the other hand, children in kinship care were least likely to have had previous placements. A chi square test of independence was also run with the following three variables: type of care, legal status, and previous placements. A significant association was obtained between type of care, legal status, and the absence of previous placements ($X^2=17.476$, $df=4$, $p=.002$). However, no significant results were obtained for type of care, legal status, and the presence of previous placements ($X^2=8.179$, $df=4$, $p=.085$). A closer look at the results indicated that 64% of children in kinship care under a voluntary agreement did not experience previous placements.

The number of placement moves was also investigated. The mean number of placement moves was 0.98 ($SD=1.011$). Close to 37% of children had one placement move, nearly 19% had two placement moves and about 5% had three placement moves. Two children (1.5%) had five placement moves. For these two children, the current foster placement was their sixth.

Children were likely to move as a result of a planned transition, followed by a request by foster carers for the child to be placed with

them. Further analysis was undertaken by means of chi square tests of independence. Significant results were obtained which showed that reasons for last move was associated with the type of care ($X^2 = 58.727$, $df=16$, $p=.000$). Planned transition mostly occurred in case of children in social contact (27.9%) and in non-related care (16.3%). Request by foster carers was significant in the case of children cared for by kinship carers with the total of 24.8% who last moved for this reason. Furthermore, as shown in case of children under a care order and voluntary agreement the last move was a result of a planned transition. Nonetheless, in case of voluntary agreement, children also moved last as a result of a request by foster carers.

Discussion of Findings

The discussion of findings in this section focuses on the following themes: gender, locality, ethnicity, learning difficulty/disabilities, age, legal status, and type of care, reasons for entry into care, duration of care experiences, and previous placements and moves.

Gender, Locality, Ethnicity, and Learning Difficulty/Disabilities

The cohort of fostered children was composed of more males than females. The findings of this study are similar to Cleaver's study¹ where there were more males in the sample of 152 children. Another earlier study about children living in long-term foster care reported the same results.²

Males were older than their female counterparts when admitted to their current foster placement. Males were likely to stay longer in previous residential placements. In addition, in general, males were more likely to be admitted to care than females. On the other hand, it may be suggested that females are more likely to remain with the family of origin. One explanation for this is that, when family adversities occur, such as parental ill health, females are expected to fulfil a carer's role.

Predominantly, fostered children come from the Southern Harbour District. This mirrors the general trend of service users of the social

1 H. Cleaver, *Fostering Family Contact* (London, 2000).

2 D. Berridge and H. Cleaver, *Foster Home Breakdown* (Oxford, 1987).

welfare agency APPOGG.³ It is often suggested that the Southern Harbour District is one of the most deprived districts, where a concentration of social problems exists.

A minority but significant number of children have mixed heritage. In most cases, the father is non-Maltese. This is similar to the general trend of the Maltese population. In Malta, the majority of people are of Maltese origin with a minority of foreign origin. Over the past few years, an increase in mixed marriages with nationals of African origin has been evidenced. Malta has also experienced an increase in asylum seekers from Africa. It is suggested that this will have an impact, such as increasing mixed marriages and more children with a mixed heritage will be noted in the years to come. Future cohorts of children in foster care are likely to reflect this demographic change.

Learning difficulties and disability also feature in the cohort. Learning difficulties are most prevalent. The recent years have seen an increase in awareness of different types of disability, including learning disability. The representation of the latter type of difficulties within this cohort signals an increasing sensitivity and understanding of learning difficulties and disability. More than 20% of the cohort has some form of learning difficulty and/or disability. This is a high percentage when compared with the percentage of disabled children and children with learning difficulties in the general population.⁴ Persons with disability comprise about 10% of the general population, which suggests that the cohort consists of children who are more prone to difficulties and, arguably, need more support.

A high percentage of children experiencing learning difficulties and/or disability signal the difficulties often experienced by family members, including parents. The literature is full of anecdotes showing the difficulties experienced by children resulting from their family experiences.⁵ Fostered children often come from distressed families facing various adversities. A high percentage of children experiencing

3 Personal communication with Operations Director, APPOGG.

4 Personal communication with chairperson, National Commission for Persons with Disability.

5 H. Bond, *If you don't stick with me, who will? The Challenges and Rewards of Foster Care* (London, 2005), B. Cairns, *Fostering Attachments: Long Term Outcomes in Family Group Care* (London, 2004), and G. Schofield, *Part of the Family. Pathways through Foster Care*. (London, 2002).

certain difficulties within the cohort is to be expected. The high percentage is also indicative of parental adverse experiences. Children's reasons for admission into care are highly influenced by parental issues. More than 80% are admitted as a result of parental issues, within which mental health, rejection, estrangement from/or collapse of the family, single parenthood, and substance misuse/drugs are well represented.

Age

Children's current ages at the time of the study are well-dispersed. Children residing in foster care vary in age from very young children to 'old' teenagers. On the other hand, children's age at point of entry into care is more restricted and there is a limited age range. The general trend is that admission into care stands at a mean age of two years and slightly over. This in itself indicates that children have usually lived with their family of origin for about two years.

In child development, the first two to three years are seen as significant to the child's holistic development. During these years, children make rapid changes in their psychosocial and physical skills including gross and fine motor abilities. Children's attachment is also developing during this period and children become discriminatory in their approach.⁶

Whilst age at point of entry into the care system has been considered as a significant variable, the study also touched on other matters. For example, when the variable children's age at point of entry into the current foster placement was analysed with the variable current age at the time of the study, interesting results were revealed. The difference between their current age at the time of the study and the age when children were admitted to the current foster placement suggests a long-term care experience of children within the current foster placement. It is also clear that the difference between children's age when first admitted into care and their age when admitted to the current foster placement points to their having already had a long-term experience in previous placement/s such, as residential care.

6 R. N. Emde, 'The Infant's Relationship Experience: Developmental and Affective Aspects', in A.J. Sameroff. & R.N. Emde (eds.), *Relationship Disturbances in Early Childhood: A Developmental Approach* (New York, 1989), V. Fahlberg, *A Child's Journey through Placement* (London, 1994) and B. Daniel, 'Early Childhood: Zero to Four Years' in J. Aldgate, W. Rose & C. Jeffery (ed.). *The Developing World of the Child* (London, 2006).

It is obvious that the older the child is when first admitted into care, the older the child will be when the current foster placement is experienced. A gender difference in age only exists when children are admitted to the current foster placement. Males are slightly older than their female counterparts when admitted to the current foster placement. The findings suggest that they are likely to stay longer with their previous carers than their female counterparts. The reason for staying longer with previous carers is worth exploring. In some sub-cultures, having a boy is seen as more rewarding. In Malta, it may be one of the reasons why males stay longer than females with their previous carers.

Legal Status and Type of Care

The majority of fostered children were in foster care with the expressed consent of their family of origin. A closer look at this finding reveals other interesting issues. The homogeneity analysis graphically presents a close interplay between voluntary agreement and kinship care. Children voluntarily admitted to foster care are likely to reside with kin carers.

The decision of biological parents to relinquish the care of their children to family relatives is less threatening and a common practice within the local context. The role of the extended family is still strong in this respect. Knowledge of the local context is significant in order to understand that any difficulties and problems are often resolved by means of tapping into family resources and support. This result very much echoes the views of Owusu-Bempah.⁷ Owusu-Bempah⁸ underlines the significance of kinship care and stresses the pivotal role kin care has had in the care of related children.

Also worth considering is the recent development of professional fostering services within the Maltese context and the impact of the Child-in-Care Benefit which revealed the extent of kinship care. For generations, families relied on family support⁹ followed by residential settings. As suggested both by this study and the one by Abela, Dimech,

7 K. Owusu-Bempah, *The Wellbeing of Children in Care: A New Approach for Improving Developmental Outcomes* (London, 2010).

8 *Ibid.*, 7.

9 *Ibid.*

Farrugia and Role¹⁰ non-related carers, mostly formal carers, are suspiciously looked at with the result that, to some degree until this present day, parents are somewhat resistant to using this service. The study has shown that things may be changing and signs of openness to non-related foster carers are being observed.

Care-ordered children are more likely to be placed with non-related carers. In this case, family consent is not required. Therefore, having most of the children in foster care admitted to kinship care with the expressed consent of parents and fewer children on a care order present in non-related care clearly portrays the current state of Maltese fostering services. Cultural factors definitely come into play including the recent advent of professional fostering services and the absence of a Children Act, amongst others. Consequently, because of the difference in cultural factors, the findings from this study are different from those obtained by Sinclair, Wilson and Gibbs.¹¹ While in this survey study, children in kinship care are well represented, Sinclair, Wilson, and Gibbs¹² point out that this type of fostering was under-represented in their survey sample.

Reasons for Entry into Care

The main reasons for entry into care are linked to parental issues. These reasons reflect the lack of parental capacity to look after their children. Notwithstanding, it may be that parental reasons do not in any way reflect the total picture of difficulties children may have faced at point of entry into the care system. The reasons, as documented in the files, only indicate the main precipitating factor leading to the cohort's entry into care. For example, whether other children in the household had been abused prior to their entry into care may not be well documented and, therefore, not reflected in the data collected.

Predominantly the cohort has been admitted into care following voluntary agreements and kin care arrangements. Accordingly, it may be that incomplete information is present. Kin carers may be reluctant to declare that their relatives have been abusive towards the child. They may see other factors such as mental health, drug abuse, or single

10 A. Abela, R. Dimech, R. Farrugia, and J. Rolè, *Children's Perceptions of Their Experience in Foster or Residential Care* (Malta, 2005).

11 I. Sinclair, K. Wilson, and I. Gibbs, *Supporting Foster Placements. Report Two* (York, 2000).

12 *Ibid.*, 11.

parenthood as the main reasons to care for the child being assigned to them.

This argument is further supported by additional analysis. As reported in findings, when child issues of abuse/neglect were present, care orders were issued by the authorities. On the other hand, when parental issues such as mental health or substance misuse were present, voluntary agreements were more likely.

The homogeneity analysis records two patterns: i) parental issues are grouped with kinship care and voluntary agreements, and ii) child issues are grouped with non-related care and care orders. Though the chi square test of independence run for reasons for entry into care by type of care is not significant at 0.05 levels, nonetheless there is a pattern of parental issues affecting children's entry into kinship care. Kinship care is also closely related to voluntary agreement. In addition, as would be expected, abuse/neglect of a child influences the child's legal status and a care order is more likely to be issued in these cases. As reported by the findings, children on a care order are more likely to be cared for by non-related carers.

Duration of Care Experiences

The cohort's care experiences are long-term in nature. Different studies have defined long-term foster care varying from two years¹³ to three years.¹⁴ Thoburn¹⁵ identifies long-term foster care as permanent fostering, a model similar to adoption.

As seen from the results, though the experience in fostering is shorter than the overall care experience, nonetheless other results still point to foster care currently experienced as long term. The findings suggest the cohort has had little experience of short term, intermediate, or respite foster services.

Long-term care is experienced by children residing in non-related care, kinship care and social contact. Yet differences are present amongst the three types of care services. Children living in non-related and kinship care have had shorter stays in care when compared with

13 C. McAuley, *Children in Long Term Foster Care* (Aldershot, 1996).

14 J. Rowe, M. Hundelby, and L. Garnett. *Child Care Now – A Survey of Placement Patterns* (London, 1989).

15 J. Thoburn 'Permanent Family Placement and the Children Act 1989: Implications for Foster Carers and Social Workers', *Adoption & Fostering*, 15 (1991) 3, 15–20.

children cared for by social contact carers. Children residing in social contact have also experienced a longer stay in their current foster placement than their non-related cared counterparts. The findings suggest that children residing in kin care have come into this placement straight away whereas social contact cared children have experienced other placements.

Finally, a difference has become apparent in terms of the length of stay in their current foster placement between children legally placed under a care order and children placed voluntarily. Children legally under a care order experienced a shorter stay in their current foster placement than their voluntary consented counterparts. These results do not come as a surprise. Care-ordered children are likely to be placed in non-related care and voluntary admitted children in kinship care. The relation between legal status and type of care signals the consistency of the results. Children under a care order experience a shorter stay in their current foster placement. They are likely to have experienced other placements such as residential care and been admitted to their current foster care at a later stage. Children in care as a result of a voluntary agreement are in kinship foster care. They experience a longer stay in their current foster placement and are less exposed to other placements. Owusu-Bempah¹⁶ reported that kinship care differently from stranger foster care, offered children stability and permanency. The results obtained in this study concur with such views.

Previous Placements and Moves

The majority of the cohort experienced previous placements. Most of the previous placements occurred in residential care. As reported in the findings, children under a care-order experience the highest number of placement moves. Results also show that children in social contact care experienced previous placements. These were followed by their counterparts in non-related care. Children residing in kinship care, following a voluntary agreement, were least likely to experience previous placements.

The literature indicates a number of factors often considered to have a negative effect on the child's well-being, amongst them the experience of previous placements. Experiencing various placement moves is not

16 Ibid., 7.

conducive to the child's well-being.¹⁷ On the other hand, permanency is more likely to contribute to the child's well-being including their attachment and identity development.¹⁸ Most of the children within the cohort experienced previous placements in residential care. These experiences may have taken their toll on these children. This leads to some serious concerns such as the lack of experience of a family life as well as the experience of moving from one placement to other. Such experiences may negatively affect the children's pattern of attachment, their emotional/behavioural expressions and educational achievement.

In general, the majority of the cohort has experienced at least one placement move. There are instances when some of the children experienced more than one move (37%), with the largest number of moves being five (1.5%). Placement moves are not an uncommon experience in foster care.¹⁹ The results support a well known local pattern. In Malta, the experience in residential care is combined with the experience of moving from one residential home to other. This is according to the residential home's policy. Children reaching the home's age limit are shifted to another home according to their age group and gender. Therefore, similar to Millham, Bullock, Hosie, and Little²⁰ this study showed that entry into care did not lead to greater stability for fostered children and the experience was not without disruptions. Kinship care, however, seems to offer greater stability for the children.²¹

Two main reasons for the last move are reported in the findings. These are planned transition and request by foster carers. These reasons are related to the legal status available. Children experiencing social contact care and non-related care last moved as a result of planned transitions. It is suggested that the role of social workers and, where applicable, the Children and Young Persons Advisory Board, have been significant in ensuring that the children's move into their current

17 J. Thornburn, 'Trends in Foster Care and Adoption' in O. Stevenson (ed.), *Child Welfare in the UK* (UK, 1999).

18 V. Fahlberg, *A Child's Journey through Placement* (London, 1994), M. Beek and G. Schofield, *Providing a Secure Base in Long Term Foster Care*. (London, 2004) and *ibid*, 7.

19 S.C. Mapp and C. Steinberg, Birth Families as Permanency Resources for Children in Long-Term Care. *Child Welfare*, 86, (2007) January/February, 29–51.

20 S. Millham, R. Bullock, K. Hosie, and M. Little, 'Maintaining Family Links of Children in Care', *The Quarterly Journal of British Agencies for Adoption & Fostering*, 9 (1985), 2, 12–16.

21 *Ibid*, 7.

foster placement came about according to a plan. On the other hand, the reason for the last move of children residing in kinship care is a direct result of foster carers' request. This finding does not come as a surprise. Kinship carers show their inclination to care for the child. The children's biological parents are likely to be aware of their kin's inclination and thus a mutual voluntary agreement between the parties to have the children cared by family relatives is reached.

Conclusion

Children within the fostering system are vulnerable, mostly placed as result of adverse parental situations. Often they have a history of multiple previous placements. Some have been admitted in care as a result of child abuse. Their experience in care is long term. In addition, a relative high percentage of the cohort, compared with the general population, has a learning difficulty or a disability. These findings provide food for thought and give rise to a serious discussion about the care careers of the cohort under study.