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# Rates of meaningful change in the mental health of children in long-term out-of-home care: A seven- to nine-year prospective study

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ABSTRACT

Children residing in long-term out-of-home care have high rates of clinical-level mental health difficulties. However, the stability of these children's difficulties throughout their time in care is uncertain. This paper reports estimates of the seven- to nine-year stability of carer-reported scores on the Child Behavior Checklist (CBCL) and Assessment Checklists for Children (ACC) and Adolescents (ACA) for 85 children in long-term foster or kinship care. Prospective score changes on the CBCL total problems and ACC-ACA shared-item scales were assigned to one of four change groups: 'sustained mental health'; 'meaningful improvement'; 'no meaningful change'; and 'meaningful deterioration'. On each of the two measures, more than 60% of children manifested either sustained mental health or meaningful improvement in their mental health, while less than a quarter showed meaningful deterioration. Mean mental health scores for the aggregate sample did not change over the 7–9 year period. Findings discount the presence of a uniform, population-wide effect—suggesting instead, that children's mental health follows several distinct trajectories. Rather than asking whether long-term care is generally therapeutic or harmful for the development of previously maltreated children, future investigations should focus on the questions "*…what are the systemic and interpersonal characteristics of care that promote and sustain children's psychological development throughout childhood, and what characteristics are developmentally harmful?*" and "*…for which children is care therapeutic, and for which children is it not?*"

## 1. Introduction

Within a family preservation framework, the primary purpose of out-of-home care is to provide maltreated children temporary protective care, with restoration to their parents being the ultimate goal. Since the 1970's it has been apparent that an increasing proportion of children placed into care either cannot, or should not be returned home. The observation that many of these children subsequently 'drift' in care without acquiring relational permanence, highlighted a concern for the developmental wellbeing of children growing up in *impermanent* out-of-home care (Fein & Maluccio, 1992; Rowe & Lambert, 1973). While this has prompted a policy shift in favour of legally permanent placements for children who cannot be safely returned to their parents, large proportions of children placed into legally impermanent out-of-home care remain thus until adulthood (Biehal, Ellison, Baker, & Sinclair, 2010). This reality raises important questions about the developmental wellbeing of children who grow up in care, and the extent to which our present models of care support or hinder children's recovery from early developmental adversity.

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The most important marker of the developmental wellbeing of children growing up in long-term care is their mental health. Numerous cross-sectional studies conducted in North America, Europe, Australia and elsewhere have established that children placed in out-of-home care manifest high levels and rates of mental health difficulties (Oswald, Heil, & Goldbeck, 2010; Pecora, White, Jackson, & Wiggins, 2009). Though rates vary a little by survey and location, up to half of children in care have clinical-level mental health difficulties, and another 15%–25% have difficulties approaching clinical significance (Tarren-Sweeney, 2008a). Furthermore, the types and patterns of difficulties experienced by children in care and by child populations with similar psychosocial background (maltreated children, children adopted from care) differ somewhat from those observed among clinic-referred children at large. The most defining features are not the forms of their mental disturbance, but their complexity and severity (DeJong, 2010; Tarren-Sweeney, 2013a). The social and interpersonal relationship difficulties that are typically observed among children in care greatly adds to symptom complexity. We can anticipate that some attachment- and trauma-related difficulties follow a longer-term developmental course, and that even with optimal developmental conditions (sensitive, loving care) recovery from such difficulties for many children will be slow (Sonuga-Barke et al., 2017).

Surveys have consistently found that older children and young people in care tend to have more difficulties than younger children (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993; Heflinger, Simpkins, & Combs-Orme, 2000). This might suggest that children's mental health deteriorates in care. However, closer examination indicates that this age effect is largely accounted for by children entering care at older ages with greater mental health difficulties, due to their longer pre-care exposure to maltreatment (Hukkanen, Sourander, Bergroth, & Piha, 1999; Tarren-Sweeney, 2008b). There is nevertheless the possibility that older age at entry into care not only accounts for poorer mental health at the time of entry into care, but also moderates children's response to care. In other words, the therapeutic potential of care may vary according to such factors as age at entry into care, the extent that children's psychological development is compromised at entry into care, and the strength of children's pre-care attachments to their birth families.

Beyond these cross-sectional data, what do we know about the mental health trajectories of children growing up in care? A recent series of meta-analyses pooled prospective mean score changes in externalizing difficulties (21 studies, combined N = 1729), internalizing difficulties (24 studies, combined N = 1984), and total difficulties i.e. global mental health (25 studies, combined N = 2523) from all prospective studies completed to date (Goemans, van Geel, & Vedder, 2015). These meta-analyses showed no mean effect over time. Various moderator analyses failed to show effects when comparing studies on study length, sample size, publication type, attrition, or mean age. Instead, the three meta-analyses identified considerable heterogeneity across the various study findings, with some studies reporting large mean increases in mental health scores over time, and others reporting large reductions (Goemans et al., 2015).

Most of the prospective studies published to date followed children over relatively short time periods (most were six months to two years). These timeframes are too short to predict longer-term mental health trajectories within this population. Only four studies have tracked the mental health of children in care over periods of five or more years. The first of these estimated children's mental health over five years from social worker reports (Fanshel & Shinn, 1978; Frank, 1980). However, it is doubtful that social workers have sufficient proximal engagement with children in care to be reliable informants of their mental health, and there is no research supporting the validity of this method. A second study compared five-year changes in the mental health of orphans growing up in foster care versus those placed in children's homes (Bulat, 2010). However, the pre-care development of orphans is not comparable to that of seriously maltreated children. It is important to keep in mind that the effects of growing up in care are not shaped in isolation from the exceptional developmental context of pre-care maltreatment experienced by the vast majority of children placed into care in western, democratic jurisdictions. A third study recruited children shortly after entry into care, but obtained baseline mental health scores from the children's parents rather than their foster carers, and then 7–8 year follow-up scores from their foster carers, residential carers or parents (depending on whether they remained in foster care, moved to residential care, or returned to their parents' care) (Havnen, Breivik, & Jakobsen, 2014). In the absence of inter-rater reliability estimates, the reliability of prospective estimates of the stability of children's mental health over time based on parent- and foster carer-reported scores at different time points is uncertain. Furthermore, the prospective cohort included children who had left family-based care, such that the findings aren't specific to children growing up in care. The fourth study obtained baseline carer-reported Child Behavior Checklist (CBCL) (Achenbach & Rescorla, 2001) scores for a large sample (n = 233) of children in care, and 8-year follow-up measures for 111 of the young people (48% retention), by which time many of the participants were adults (Vis, Handegård, Holtan, Fossum, & Thørnblad, 2016). Carer-reported CBCL scores were obtained for 38 young people under 18 who were still in care. Instead of reporting prospective mean score changes for these 38 young people, the study reported rates of meaningful change in CBCL total problems scores, as defined by the Reliable Change Index (RCI): 26% (n = 10) showed meaningful improvement, 26% (n = 10) showed meaningful deterioration, and 47% (n = 18) showed no meaningful change.

This brief overview suggests that as yet we have insufficient knowledge of the stability of children's mental health as they grow up in long-term alternate care. Nevertheless, both developmental theory and developmental psychopathology research would predict that these children experience a range of mental health trajectories, due to heterogeneity in: 1. children's pre-care exposure to severe social adversity; 2. children's pre-care attachment development; 3. children's age at entry into long-term care; 4. various characteristics of foster or kinship caregiving; and 5. social care systemic pressures on children's felt security. We should also anticipate that transactional interactions between each of these sets of developmental influences will increase variance in children's mental health trajectories.

On this basis, while it remains useful to establish whether long-term care is generally therapeutic or harmful, the presence of a homogenous effect (as measured by mean score changes, and a unimodal distribution of score changes) is unlikely. The present paper seeks to expand on this limited knowledge, by reporting seven- to nine-year changes in mental health estimates from a prospective,