



Reunification in a complete entry cohort: A longitudinal study of children entering out-of-home care in Tasmania, Australia



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ABSTRACT

The aim of this study was to examine the nature and predictors of family reunification patterns in Australia. Using a large representative sample, this study extends previous studies based on older, often smaller samples and encompasses a period in which kinship care comprised a substantial proportion of out-of-home care placements. Analyses were based on a sample of 468 children who entered care for the first time in the State of Tasmania between January the 1st 2006 and December 31st 2007. Administrative data and case-worker interviews were used to obtain information concerning children's demographics, family backgrounds and placement movements over 2–4 years. The results showed that around 50% of children had gone home after 2 years, but that 79% of returns occurred in the first 6 months. Reunification was slower for younger children, those in kinship care, and amongst children from families affected by poverty, substance abuse and for a cluster children with the highest prevalence family risk factors. The study contributes to international knowledge concerning the importance of assessing the multiplicity of risk factors in family reunification research and the implications of kinship care for the increased stability, but higher retention, of children in out-of-home care.

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1. Introduction

The placement of children and young people into out-of-home care remains an ongoing feature of modern child protection systems. Despite developments in early intervention and family preservation services, a significant number of children are placed into the care of strangers or relatives for an extended period. In Australia, current national data indicate that, the total number of children in out-of-home care increased from 7.3 per 1000 children in 2011 to 7.7 per 1000 in 2012. As of June 2012, there were 39,621 children in out-of-home care as compared with 23,695 in 2005, which represents a 67% increase (Australian Institute of Health and Welfare (AIHW), 2013). Despite this, national AIHW data indicate that the number of children being admitted into care has remained much more stable during this period which suggests that many of the challenges facing out-of-home care systems in Australia relate to the fact that children appear to be staying longer in care.

For these reasons, understanding the factors that contribute to the retention of children in care or their reunification with families assumes a position of considerable policy importance. It also raises several important research questions. For example, if funding for services has become more strained and there is greater pressure at the entry point into the protective care system, to what extent has this led to greater selectivity in the children that are admitted to care? If only the more complex cases are admitted, the prospects of children returning home may be

reduced. Another important factor is the growth of kinship care in Australia. A decade ago, this comprised only around 20% of all cases, but now makes up over 50% of all Australian placements (AIHW, 2013). For example, in 2012, national data indicates that children were placed into 8824 foster care households as compared with 11,106 relative or kinship care homes. Given evidence that this form of care may, in some instances, influence the stability of care and reunification rates, this is also a factor that needs to be taken into account when understanding current trends.

Family reunification or restoration research is now a well established area of international research. Ever since Maas and Engler's (1959) work, there has been interest in examining the trajectories and placement outcomes for children in care. On the whole, the broad findings from this research have been reasonably consistent. Most reunifications occur within a relatively short period after children enter care (usually within the first 6 months) and the probability decreases rapidly thereafter (Barber & Delfabbro, 2004; Courtney, 1994, 1996; Courtney & Hook, 2012; Fanshel & Shinn, 1978; Farmer, Southerland, Mustillo, & Burns, 2009; Fernandez, 1999; Fernandez & Lee, 2011; Goerge, 1990; Wells & Guo, 1999). Evidence suggests that longer periods in care contributes to a gradual loss of contact with birth parents (e.g., Davis, 1979; Fanshel & Shinn, 1978) and that, without a consistent level of family contact and visitation, the prospects of reunification become increasingly remote.

Demographically, longer periods in care typically occur when children enter care at an earlier age (Akin, 2011; Connell, Katz, Saunders, & Tebes, 2006; Courtney, 1996; Farmer et al., 2009), or if they come from minority backgrounds (Akin, 2011; Courtney, 1994; Delfabbro,

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Borgas, Rogers, Jeffreys, & Wilson, 2009; Farmer et al., 2009; Seaberg & Tolley, 1986; Guo & Wells, 2003). Children who enter care at a younger age are generally easier to place because the arrangement appears superficially to be more similar to a formal adoption arrangement. Very young children also usually do not display the same range of very challenging behaviours observed in older children and may be easier to assimilate into existing family structures. In relation to minority children, differences may reflect the greater burden of social disadvantage borne by this population and the greater complexity of family problems that make reunification more difficult to achieve (Delfabbro, Hirte, Rogers, & Wilson, 2010; Delfabbro et al., 2009; Tilbury, 2009).

Much of the focus of reunification research has concerned the family risk factors that appear to be associated with how quickly children return home. On the whole, this evidence is not entirely consistent because of differences in the definition of the variables used, the type of analysis used and the population which has been examined. Family risk factors also tend to be highly clustered and correlated (e.g., substance abuse, homelessness and mental health problems) so that it is not always easy to distinguish the importance of individual indicators (Fernandez & Lee, 2011). Nevertheless, there are a number of factors which emerge consistently enough to underscore their importance in this area. In general, reunification is generally more difficult when families are affected by significant poverty in its various forms. For example, an absence of good quality and stable housing and financial problems mean that families are unable to provide a safe and nurturing home environment (Courtney, 1994; Courtney & Wong, 1996; Goerge, 1990; Maluccio, Fein, & Davis, 1994). Exposure to single or multiple forms of abuse also decreases the likelihood that a child can be returned safely home, but the findings here are less consistent because studies usually (because of their reliance on administrative data) are often unable to distinguish the severity, causes and chronicity of abuse. Severe physical and sexual abuse is typically associated with a reduced likelihood of reunification particularly if the abusive individual remains in the household (Farmer & Parker, 1991). Although some studies suggest that neglect is associated with an increased likelihood of reunification (Courtney, 1994), other evidence has found a negative association (Goerge, 1990) which suggests that the definition of this variable remains important. More passive neglect, perhaps arising from parental illness, poverty or other factors may not necessarily lead to a reduction in the likelihood of reunification, whereas active rejection and abandonment of children may make returns home much more improbable (Courtney, 1996).

Other important family risk factors that appear to reduce the likelihood of reunification include serious mental health problems, substance abuse and ongoing physical illnesses in birth parents (Shaw, 2010). Substance abuse, in particular, has received considerable attention because of its association with mental health problems and domestic violence, both of which have been found to be highly prevalent and associated within Australian out-of-home care populations (Delfabbro et al., 2009).

The role of system factors has also been studied and, most importantly, the role of kinship care on reunification rates. Earlier studies (e.g., Courtney, 1994, 1996; Goerge, 1990) typically showed that kinship care was associated with greater placement stability and a slower rate of return back home. In general, this finding has been borne out in other studies, but, as Winokur, Holton, and Valentine (2009) point out in a large systematic review, the results have not always been entirely consistent. An important reason for this is that different methodologies, samples and definitions of kinship/relative care have been used, so that interest has now developed into examining whether variations in kinship structures or types are differentially influential in reunification rates. For example, a recent study by Zinn (2012) showed that much greater stability and lower rates of placement exit were associated when grandparents were the designated kinship carers as opposed to other kinship arrangements. They argued that such arrangements may be seen as potentially advantageous in that they

maintain the child's connection and proximity to their family of origin, but such arrangements may also lead to a greater exposure to the problematic environments that contributed to the child having to be placed into another care arrangement.

Given these various complexities associated with studying reunification patterns, it is therefore recognised that the methodological approach used can have a significant impact on the conclusions that are drawn from studies. Apart from the issues of definition and the nature of the variables included in studies, important consideration needs to be given to the sampling method used and the type of analysis. Following the early work of Courtney (1994, 1996) and Goerge (1990), such methods have gradually been refined. Most studies use multivariate techniques such as survival and proportional hazard models to track outcomes over time in a matter that can deal with 'censored cases' (i.e., cases where the identified event – in this case, a return home – has not occurred) and which can examine the influence of covariates. Studies typically use prospective entry samples rather than retrospective exit samples to avoid the potential bias associated with a selective focus just on those children who have left care (Zeller & Gamble, 2007). Some studies have also supplemented analyses based on individual variables with cluster or latent class analyses (e.g., Fernandez & Lee, 2011) that enable predictions to be based on the clustering of risk factors rather than highly correlated (and often collinear) individual predictor variables. In addition, following the work of Guo and Wells (2003), it has been recognised that researchers should also determine the influence of multilevel data structures in predictive models. For example, when cohorts of children come into care, many will enter care as part of siblings who will be placed together and sometimes go home together. When this happens, their data is no longer strictly independent, so that some account needs to be taken of the fact that many cases are 'nested' within higher level family groups.

1.1. The current study

In summary, the current literature provides some useful guidance, not only as to the most important variables that should be investigated in Australian research, but also how such research should be conducted. Based on existing studies of risk factors, it is therefore possible to develop some meaningful hypotheses concerning the likely influence of demographics, family risk factors and placement type on reunification patterns in Australia. Specifically, lower reunification rates would generally be expected to be associated with children who entered care at a younger age; Aboriginal children; those subject to significant abuse or neglect; and, from families affected by substance abuse and mental health issues. In this study, we present the findings of a prospective longitudinal analysis of children entering care in the Australian State of Tasmania. The study provides an analysis of a complete entry cohort that was tracked using high quality system data and first-hand caseworker reports for a period of at least 2 years following entry. In this study, we examine: overall reunification patterns; the level of family complexity and its relationship with reunification; the best overall predictors of reunification; and, the influence of kinship care. The study builds upon existing Australian studies (e.g., Delfabbro, Barber, & Cooper, 2003; Fernandez, 1999; Fernandez & Lee, 2011) by using a larger representative entry cohort and methods that take the higher-level structure of the data into account.

2. Method

2.1. Sample

A total of 577 children were referred for at least one out-of-home placement during January the 1st 2006 and December 31st 2007. For a child to be included in the present study, he or she had to have entered care for the first time for a continuous period of at least seven

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