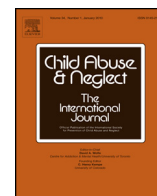


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Research article

Reunifying abused or neglected children: Decision-making and outcomes



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ABSTRACT

Little is known about decision-making regarding the reunification of children in care, or about the consequences of these decisions for the children concerned. This study compared decision-making and outcomes for 149 maltreated children in seven English authorities (68 reunified, 81 who remained in care). Children were followed up six months after their return home or, for those who were not reunified, six months after the 'effective decision' that they should remain in care. They were followed up again four years (on average) after the return or effective decision. Data were extracted from case files at baseline and six month follow-up and were gathered from surveys of social workers and teachers at final follow-up. The two key predictors of reunification were assessments that parental problems had improved and that risks to the child were not unacceptably high. Two-thirds returned to improved family circumstances, sometimes due to a change in the household they returned to, but others were reunified despite persisting concerns. However 35% re-entered care within six months and 63% re-entered at some point during the four-year follow-up period, often due to recurring abuse or neglect. At final follow-up remaining in care was the strongest predictor of positive outcomes on a range of dimensions, even once children's characteristics and histories were taken into account. Outcomes were especially poor for neglected children who were reunified, irrespective of whether reunification was stable or unstable. Results show the potential of the care system to produce positive outcomes for maltreated children.

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Introduction

Perhaps the most critical decisions that social workers have to take are whether to remove abused and neglected children from their parents and whether to return them home. These decisions have to balance the risks to children against the desire to keep them within their families whenever possible. They are also informed by concerns that children in public care are likely to experience poor outcomes. Studies have highlighted poor educational achievement (Biehal, Clayden, Stein, & Wade, 1995; Heath, Colton, & Aldgate, 1994), high rates of mental health problems in care and after (Cheung & Buchanan, 1997; Ford, Vostanis, Meltzer, & Goodman, 2007; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003; Viner & Taylor, 2005; Vinnerljung & Sallnas, 2008), disproportionate involvement in substance abuse and crime (Department for Education, 2010), and the overrepresentation of young adults who have transitioned from care among the unemployed, homeless and prison populations (Dixon, Wade, Byford, Weatherly, & Lee, 2006; M. Stein, 2012; Viner & Taylor, 2005; Vinnerljung & Sallnas, 2008; Wade & Dixon, 2006).

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As this research suggests, outcomes for children who have been in care are often poor. However, most studies have compared children in public care to the wider population of children, rather than to those who share similar background risks for poor outcomes. When outcomes for children in care are compared to those for similar children – for example, those who return home from care – a different picture emerges and this has important implications for decisions about taking children into care and returning them home.

Research on reunifying children with their families has shown that breakdowns are not uncommon, risks are substantial and outcomes often disappointing. Rates of re-entry to care are difficult to compare, as samples vary in terms of age, reasons for admission to care, time in care and length of follow-up. Studies from the USA have reported rates of re-entry ranging from 13 to 28% (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Courtney, 1995; Festinger, 1996; Goodman, 1997; Shaw, 2006; Wells & Guo, 1999; Wulczyn, 1991, 2004). In Scandinavia, a Danish study found a re-entry rate of 22% within two years of reunification and cited a rate of 25% in Sweden over the same period (Ubbesen, Petersen, Mortensen, & Kristensen, 2012; Vinnerlung, Oman, & Gunnarson, 2004). The few available English studies of reunification have typically reported higher rates, ranging from 37% over three years (Sinclair, Baker, Wilson, & Gibbs, 2005) to 47% over two years (Farmer & Wijedasa, 2013).

There is evidence that re-entry is often prompted by recurring maltreatment. Studies in the USA have reporting rates of re-abuse and neglect following reunification ranging from 14 to 30%, with variation linked to length of follow-up and whether or not children had previously been investigated for maltreatment (Connell et al., 2009; Hess & Folaron, 1991; Hess, Folaron, & Jefferson, 1992; Jones, 1998; Jonson-Reid, 2003; Terling, 1999). In England, a study of 180 children found that 46% were re-abused within two years of reunification (Farmer, 2014) while a study of 595 fostered children reported that 42% of those who were reunified were re-abused within three years (Sinclair et al., 2005).

Developmental outcomes for children who return home from care would seem to be a key factor to consider when decisions about reunification are made, but there has been only limited attention to this issue (Biehal, 2006, 2007). Studies in the UK have typically found that children who return home tend to fare worse than those who remain in care. Very young children returned home were found to be more likely to experience 'failure to thrive' (King & Taitz, 1985) and to display poor emotional well-being or disturbance than those who remained in care (Hensey, Williams, & Rosenbloom, 1983). Other UK studies, of children in a wider age range, have reported that those who were reunified had significantly more emotional problems and self-harming and risk behaviours than those who remained in care (Sinclair et al., 2005), while those who spent longer in public care appeared less likely to become involved in delinquency (Minty, 1987; Zimmerman, 1982).

Studies in the USA which have compared reunified children to those who remained in care have come to contradictory conclusions. A six-year follow-up of 149 children who entered care when they were 7–12 years old reported that those who remained in care were significantly less likely to display emotional or behavioural problems, including substance misuse, self-destructive behaviours and delinquency, than those who were reunified (Taussig, Clyman, & Landsverk, 2001). In contrast, a study of 353 children placed in care when aged 12 months or under, following investigation for maltreatment, concluded that outcomes at 66-month follow-up were better for children who were living with their parents at that point than for those in foster care (Lloyd & Barth, 2011). However, the study's conclusions appear overstated. The main differences favouring home as against foster care were in cognitive and language skills, but foster children scored better than reunified children on a measure of adaptive behaviour and there were no group differences in child mental health. Moreover, defining groups by their final placement may have led to selection effects. Children in foster care at follow-up would include those who had experienced failed reunifications, often as a result of abuse or neglect, which are known to be linked to developmental outcomes. Data on moves within the follow-up period were not available to the researchers so they were unable to investigate these issues.

This study is nevertheless a salutary warning that the evidence on these issues is not clear cut and that we need to take account of the kind of outcome considered, the pathways to getting there and the reasons for the decisions taken. However, research on decision-making in family reunification is limited and most of the relevant studies were conducted over 20 years ago. The few available studies have highlighted a tendency for planning drift, with returns often occurring through happenstance, but have also pointed to more positive aspects of reunification practice (Farmer, 2014; Farmer, Sturgess, O'Neill, & Wijedasa, 2011; Farmer & Wijedasa, 2013; Fisher, Marsh, & Phillips, 1986; Millham, Bullock, Hosie, & Little, 1986; Rowe & Lambert, 1973; Sinclair et al., 2005; T. Stein & Gambrill, 1977).

Since the goal of decision-making is to achieve the best possible outcomes for children, it is important to consider the counterfactual: what are the outcomes for similar children for whom an alternative decision is made? There are therefore a number of key questions: what are the drivers of decisions to reunify children and what are the consequences of these decisions for children's lives? Importantly, how do these outcomes compare to those for children from similarly adverse backgrounds for whom an alternative decision is made? This article addresses these questions, drawing on data from a wider study of reunification funded by the English government's Department for Children, Schools and Families (Wade, Biehal, Farrelly, & Sinclair, 2011).

Study Aims, Design and Methods

Phase 1 of the study aimed to compare the pathways through public care for children admitted due to maltreatment to those for children admitted for other reasons, drawing on a census of administrative data on all children in seven English local authorities who were in public care, or admitted, at any time during the years 2003–2004 (the *census sample*, $n = 3,872$). These

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