



# Comparing long-term placements for young children in care: Does placement type really matter?



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## ABSTRACT

This paper presents findings from the third phase of a longitudinal study, entitled Care Pathways and Outcomes, which has been tracking the placements and measuring outcomes for a population of children ( $n = 374$ ) who were under the age of five and in care in Northern Ireland on the 31st March 2000. It explores how a sub-sample of these children at age nine to 14 years old were getting on in the placements provided for them, in comparative terms across five placement types: adoption; foster care; kinship foster care (with relatives); on Residence Order; and living with birth parents. This specifically focused on the development of attachment and self-concept from the perspective of the children, and behavioural and emotional function, and parenting stress, from the perspective of parents and carers. Findings showed no significant placement effect from the perspective of children, and a statistically weak, but descriptively compelling, effect from the perspective of parents. The findings challenge the notion of adoption as the gold standard in long-term placements, specifically from the perspective of children in terms of their parent/carer attachments and self-concept, and highlight what appears to be the central importance of placement longevity for delivering positive longer-term outcomes for these children, irrespective of placement type.

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## 1. Introduction

This paper presents findings from the third phase of a longitudinal study, entitled Care Pathways and Outcomes, which has been tracking the placements and measuring outcomes for a population of children ( $n = 374$ ) who were under the age of five and in care in Northern Ireland on the 31st March 2000 (McSherry, Fargas Malet, & Weatherall, 2013). It explores how a sub-sample of these children at age nine to 14 years old were getting on in the placements provided for them, in comparative terms across five placement types: adoption; foster care; kinship foster care (with relatives); on Residence Order; and living with birth parents. This specifically focused on the development of attachment and self-concept from the perspective of the children, and behavioural and emotional function, and parenting stress, from the perspective of parents and carers.

### 1.1. Placing children in care - the Northern Irish context

When efforts to secure children's safety and wellbeing within their own families fail, the law in Northern Ireland makes provision for the responsible local government authority (i.e. a Health and Social Care Trust) to share parental responsibility with the parents

through a Care Order (*Children Order 1995, Article 50*). In these cases, children are placed in substitute care placements, including: kinship foster care (with relatives or friends), foster care, and residential care (primarily for teenagers). When reunification with the birth family is thought possible, children subject to Care Orders may be placed with their birth parents, pending satisfactory progress being made in terms of the Trust's concerns, with a consequent revocation of the Care Order. In some instances, kinship and foster carers may choose to apply to have the Care Order superseded by a Residence Order (*Children Order 1995, Article 8*), which effectively takes the child out of the care system and affords the carers shared parental responsibility with the birth parents. Children may also be adopted from care. Since the early 2000s, there has been a dramatic growth in the use of adoption for children in care in Northern Ireland (McSherry, Weatherall, Larkin, Fargas Malet, & Kelly, 2010). Under the *Adoption (NI) Order 1987*, parental responsibility transfers in the first instance to the Trust, and then subsequently to the adopters.

### 1.2. Outcomes for children in care

Children who are in care in the UK have been found to be: 10 times more likely to be excluded from school; 12 times more likely to leave school with no qualifications; four times more likely to be unemployed; 60 times more likely to join the ranks of the homeless; 50 times more likely to be sent to prison; and their own children are

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66 times more likely to need public care than the children of those who have not been in care (DHSSPS, 2006; Mooney, Winter, & Connolly, 2016; Social Exclusion Unit, 2003; UK Joint Working Party on Foster Care, 1999). They are also more likely to have physical and mental health problems, and emotional and behavioural difficulties (Dixon, 2007; McCann, James, Wilson, & Dunn, 1996; McCarthy, Janeway, & Geddes, 2003; Meltzer, Corbin, Gatward, Goodman, & Ford, 2003; Ward, Jones, Lynch, & Skuse, 2002). High proportions of children in the care system have also been found to have low self-esteem and self-concept (Ackerman & Dozier, 2005; Gil & Bogart, 1982; Hicks & Nixon, 1989). Similar findings have been reported in the USA (Casey Family Services, 2005; Courtney & Barth, 1996; Courtney, Piliavin, Grogan, & Nesmith, 2001; Pecora et al., 2003).

When comparing how children in care progress relative to their non-care peers, the concept of 'outcome' is problematic. Statistics typically compare children who have been in care with the general population of children, rather than with children from similar backgrounds who have not been in care. Another issue is the fact that the care population is not a homogeneous group. There are children who enter care at a very young age and remain in stable long-term placements until adulthood and beyond, whilst some children only enter the care system as teenagers, perhaps as a result of deterioration in their behaviour that renders them beyond parental control. Thus, on a behavioural adjustment measure for example, the score for a recently entered teenager is less likely to be related to their experiences of the care system than it might be for a child who has been in care most of their life.

### 1.3. Adoption as a 'solution' to the 'problems' of care

Since the 1980s, domestic adoption of children from care has become a major long-term placement policy initiative across the different regions of the UK, a policy shared with the USA and Canada. However, it still remains a controversial long-term placement option, particularly because of the permanent severing of legal ties between children and their birth parents. Therefore, given the uncertainty that remains about the use of adoption for children in care, it is vital to discover if it makes a difference to the lives of these children, over and above what would be expected from a life spent in the care system, or leaving care and returning to live with birth parents.

The contemporary research base suggests that adoption delivers better outcomes than long-term foster care, with adoption providing higher levels of emotional security and sense of belonging (Triseliotis, 2002; Sinclair, Baker, Wilson, & Gibbs, 2005). In addition, adoptive placements are less likely to disrupt (Selwyn, Wijedasa, & Meakings, 2014). Yet, despite a body of research evidence suggesting that adoption is the de-facto gold standard in long-term placement for children in care, other research has challenged this assumption. Some researchers have argued that children growing up in long-term foster care have a strong sense of belonging to their foster family, similar to those who are adopted (Biehal, Ellison, Baker, & Sinclair, 2010; Schofield, 2002; Rushton, 2004).

This article focuses on whether placement type makes a difference across a range of outcomes, namely the children's attachment, self-concept, behaviour, and the parenting stress of their parents or carers. These measures do not provide a definitive account of longer-term outcomes for these children, and it is accepted that there may be a range of other outcomes measures that could potentially depict a different account to that being reflected in this article. However, it is our view that the aspects of life covered across the various dimensions of the four measures utilised in this study, do provide a strong indicator of comparative outcomes for children across different long-term placement types.

### 1.4. Children's attachments

Attachment, i.e. the ability to form secure and lasting relationships to a caregiver, is widely viewed as the bedrock upon which all future interpersonal relationships are founded (Aldgate & Jones, 2005; Belsky, Cassidy, & Baron-Cohen, 1994; Bowlby, 1951, 1969, 1973; Rutter, 1995). Security of attachment refers to the degree to which a child has internalised experiences based upon continuous exposure to significant others who are perceived as trustworthy, available, sensitive, and loving. The child requires a secure base to establish positive relationships, and this can be detrimentally affected by serial-attachment experiences, whilst frequent changes of caregivers may be painful and anxiety-provoking for the child (Thompson, 1998; Schofield & Beek, 2005).

The importance of stability for children in care, and the development of secure attachments, is a strong driving force behind efforts to have children adopted, so they do not 'drift' in care (Rowe & Lambert, 1973). However, others argue that care can actually provide children with the same degree of stability, and engender the same strength of attachment relationship with carers as might be expected in adoption, provided foster care is adequately resourced and carers and children properly supported (Biehal et al., 2010; Schofield, 2002). In fact, numerous research studies have found that the majority of children in care are able to form satisfactory attachment relationships with their new foster or adoptive parents (Rushton, 2003; Kaniuk, Steele, & Hodges, 2004; McSherry et al., 2013).

### 1.5. Children's self-concept

Children who have been abused or neglected, like many of those who enter the care system, are more likely to have poor self-esteem and self-concept because of feelings of incompetence and lack of support and encouragement from parents (Fischer & Ayoub, 1994; Harter, 1998; Kim & Cicchetti, 2009). High proportions of children in the care system have been found to have low self-esteem (Ackerman & Dozier, 2005), in part due to their early experiences of abuse and neglect (Asgeirsdottir, Gudjonsson, Sigurdsson, & Sigfusdottir, 2010; Chartier, Walker, & Naimark, 2009; Schofield, 2002), but also because of the 'negative stereotypes inflicted on them by society' (Martin & Jackson, 2002, p. 126). However, it has been argued that 'foster parents can have a positive and lasting effect on children's self-esteem' (Luke & Coyne, 2008, p. 403). In fact, some studies have revealed improvements in foster children's self-esteem and self-concept when their carers offered them acceptance, security, and sensitive parenting (Ackerman & Dozier, 2005; Schofield & Beek, 2005). As for adopted children, Juffer and van Ijzendoorn (2007) found no difference in self-esteem between adoptees ( $N = 10,977$ ) and non-adopted comparisons ( $N = 33,862$ ) across 88 studies. This was equally true for international, domestic and transracial adoptees. Furthermore, Beckett et al. (2008) found that 'the ease with which children can talk about adoption does appear to be associated with higher self-esteem and the individual child's difficulties, as well as family composition' (p. 29).

### 1.6. Children's behaviour

The behaviour of children in care is often portrayed as problematic or challenging, mostly due to the range of difficult experiences they have endured from an early age. Extensive research has drawn attention to the prevalence of emotional and behavioural difficulties and mental health problems among children in care (Chartier et al., 2009; Dregan, Brown, & Armstrong, 2011; McCarthy et al., 2003; McSherry, Fargas Malet, McLaughlin, & Adams, 2015; Meltzer et al., 2003; Radford et al., 2011; Richards, Wood, & Ruiz-Calzada, 2006; Sempik, Ward, & Darker, 2008; Stein & Dumaret, 2011; Vostanis, 2010). It has been found that the incidence of these difficulties is higher among older than younger children (McSherry et al., 2015; Sempik et al., 2008), children who have experienced a greater number of placements (Pithouse, Lowe, &

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