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## Research article

## The emotional and behavioural symptom trajectories of children in long-term out-of-home care in an English local authority

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## ABSTRACT

The significant mental health needs of young people in out-of-home care has been well-documented. However, there is little empirical evidence on the timing or development of these difficulties, once these young people have been removed from the maltreatment-environment. Such information may provide useful clinical insight in to how problems develop and persist and whether intervention timings may allow for the prevention of later mental health problems. The current service-data study explored the emotional and behavioural symptom trajectories of 207 young people under the long-term care of a local authority in the South West of England, over their first five years in the care system. Data were extracted from the yearly carer-completed strengths and difficulties questionnaire – providing an index of emotional problems, peer problems, conduct problems and hyperactivity. Trajectories were analysed using growth mixture modelling. For most domains the largest trajectories were chronic symptom profiles, where young people were rated in the abnormal range from their first year in care and remained in this range across the full five years. These young people had significantly more placement moves than their peers on resilient trajectories. There was some evidence that later age of removal was associated with more chronic internalising problems. Overall, findings demonstrate the significant mental health needs of young people in care and particularly highlight that, in many cases, the removal from the adverse environment is simply not enough to expect a young person in care to be resilient to their earlier experiences.

## 1. Introduction

There is a wealth of evidence demonstrating the vulnerability of young people in out-of-home care (e.g., Ford, Vostanis, Meltzer, & Goodman, 2007). They are at substantially elevated risk of a range of mental health difficulties, including posttraumatic stress disorder, conduct problems, and attachment difficulties, as well as associated indices of poor functioning, including poor school attainment and, later, higher rates of unemployment, homelessness and contact with the criminal justice system (e.g., Courtney & Dworsky, 2006; Department of Education, 2016; Ford et al., 2007; Jones & Morris, 2012). Such outcomes are perhaps unsurprising considering childhood maltreatment is a primary risk factor for the development of psychopathology (Keyes et al., 2012). While we know that mental health outcomes for this group can be poor, what is less clear is how these issues develop over time, once they have been removed from their home and may be putatively considered “post-maltreatment”. Such information is important for understanding what may be typical for these young people and where intervention timing could be most effective.

In the UK, the most common reason for being removed from the biological home and placed in care is the experience of significant

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abuse and neglect (Department of Education, 2016). While in some cases children will be removed from birth, potentially minimising their risk of maltreatment exposure, the majority of removals occur from school-age, meaning many have been exposed to ongoing interpersonal maltreatment (Department of Education, 2016). Coupled with these direct experiences can be developmental concerns around the impact of maternal drug and alcohol abuse during pregnancy, as well as the physical consequences of neglect or violence on child development (e.g., Anda et al., 2006; Glaser, 2000; Mattson & Riley, 1998), representing an accumulation of risk factors for poor outcomes. Even once removed from the adverse home environment, many young people in care continue to face instability. Most often their carer would be a stranger to the young person and placement breakdowns are also common – in the UK recent statistics show around one-third of children in care have more than one placement in a single year (Department of Education, 2016). Thus, sources for social support, considered important for young people who have experienced trauma (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012), are often disrupted or inconsistent for this group.

While there is little empirical evidence of the trajectories of mental health needs for children in care, one theory from the maltreatment literature posits that these young people may present with a latent vulnerability to mental health problems (i.e., the theory of latent vulnerability; McCrory & Viding, 2015). That is, that children who have experienced maltreatment may present with an absence of clinical-level problems for many years but later develop significant mental health issues as a result of their early maltreatment exposure. A range of neurocognitive processes have been hypothesised to underlie this latent vulnerability. For example, memory processes such as autobiographical memory, are known to be both altered by the experience of maltreatment (e.g., Valentino, Toth, & Cicchetti, 2009) and associated with broad child psychopathology (e.g., PTSD and depression; Hitchcock, Nixon, & Weber, 2014). To a less clear extent, threat biases have also been implicated in both child maltreatment (e.g., Pine et al., 2005) and broad child psychopathology (e.g., Briggs-Gowan et al., 2016). A latent vulnerability profile would suggest there may be an early period where a preventative intervention approach, that targets these underlying processes, could mitigate the later development of significant mental health needs (McCrory et al., 2017; McCrory & Viding, 2015). Alternatively, or additionally, a more chronic profile may suggest that earlier or more intensive psychological support would be necessary to mitigate the development of even more entrenched psychological problems. Whatever the trajectory, identifying which young people may be at risk of a particularly trajectory is important for developing potential markers of risk, allowing any interventions to be more targeted. Conversely, understanding trajectories of emotional and behavioural difficulties following children's removal from an adverse environment may also allow for the assessment of predictors for those children who demonstrate psychological resilience. While the definition of resilience remains debated (see Kalisch et al., 2017), given most children in care have experienced significant interpersonal abuse or maltreatment, a lack of emotional or behavioural difficulties following such experiences would certainly fit well within a resilience framework (Kalisch et al., 2017).

The current study used service data from a local authority in the South West of England to explore the emotional and behavioural symptom trajectories of young people in long-term out-of-home care, based on carer-report on the Strengths and Difficulties Questionnaire (SDQ) over their first five years in the care system (Goodman, 1997), completed as part of the yearly Health Assessment. Data were collected from electronic service files, on young people who entered care between 2006 and 2013. As a secondary aim, we also conducted a preliminary investigation of potential predictors of mental health trajectory membership and consequences of trajectory membership. First, as potential markers of risk, service data were extrapolated on the sex of the young person, as well as their maltreatment history and the age that they were removed from their home. The latter is considered a potential indicator of risk, with preliminary evidence that later age of removal is associated with poorer mental health outcomes (Tarren-Sweeney & Hazell, 2005). Second, as potential indices of instability once in care, we also extracted data on the young person's contact with their siblings and their total number of placement providers. When in care there are various practical and safety-based reasons that a young person may be placed separately to their sibling(s), including the availability of appropriate placements and the safety of the siblings around each other (e.g., if one had previously perpetrated abuse). Separation from at least one sibling is common-place in the care system (Meakings, Sebba & Luke, 2017; Wojciak, McWey, & Helfrich, 2013), and young people can consider this separation a further trauma (Wojciak et al., 2013). While separation from at least some siblings is typical it has also been associated with poorer mental health outcomes and less placement stability (Leathers, 2005; Meakings et al., 2017; Richardson, 2014; Tarren-Sweeney & Hazell, 2005). Placement breakdowns are a further marker of instability in care that has long been associated with poor psychological outcomes (Ford et al., 2007; Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007). This association is likely cyclical, with more challenging or complex problems increasing the risk of placement breakdown, and placement breakdown and moving to a new caregiver potentially further exacerbating insecurity and mental health problems (Newton et al., 2000).

## 2. Method

### 2.1. Sample

Ethical approval was obtained from the University of Bath Department of Psychology Research Ethics Committee and the council's research governance. Data were provided by the Local Authority, located in the South West of England, as part of a service improvement project. The Local Authority serves one of the largest cities in England, outside of London. There is a higher proportion of young people in the area (approximately 1 in 5 inhabitants are under 18 years of age), compared to national averages, but there are similar levels of ethnic diversity and economic deprivation to other large cities in the UK. Based on national data, statistics for 'children in care' within this local authority are in line with national averages (e.g., age of entering care, ethnicity, sex, data on yearly SDQ summary scores; see Department of Education, 2016).

Together, anonymised data were extracted from the service files of 217 young people who had entered care between 2006 and

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