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Discriminating baseline indicators for (un)favorable psychosocial development in different 24-h settings

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ABSTRACT

The study consisted of a comparative follow-up study with a pretest-posttest design which explored the association between baseline child, family, and care characteristics and the psychosocial development of 121 school-aged Dutch children (*M* age = 8.78 years; SD = 2.34 years; 47% female; 59% Caucasian) during their first year of placement in foster care (FC), family-style group care (FGC), and residential care (RC). Potential baseline characteristics were collected from both literature data and pretest data, and measured with standardized questionnaires and case file information. The outcome measure (degree of psychosocial development) was based on pretest and posttest ASEBA measurements of substitute caregivers, by calculating the reliable change index (RCI). Based on this, 58% of the children had favorable psychosocial development, with no significant differences across the settings. Results indicated that sets of baseline characteristics were able to distinguish different groups of favorably developing children as well as unfavorably developing children in different settings, whereby unfavorable development could be estimated more accurately. A history of maltreatment proved to be an important risk factor, particularly for family-based settings (FC, FGC). Furthermore, results indicated that specialized treatment is needed for severe individual problems in children in FGC, as these problems were associated with unfavorable psychosocial development for them in particular. With regard to residentially placed children, child mental illness specifically negatively affected their prognosis. Further research is needed to refine the results in order to make them suitable for both supporting decision-making processes and monitoring out-of-home placements.

1. Introduction

Every child has the fundamental right to grow up in a supportive, caring, and safe environment with optimal developmental opportunities (United Nations, 1989a, 1989b). Ideally, this place is within the family of origin. At times, however, risky circumstances such as development-threatening child characteristics or adverse family circumstances (temporarily) preclude biological parents from offering children a healthy upbringing. When outpatient support insufficiently improves existing child and family risks and needs, out-of-home care may be an alternative strategy (Bhatti-Sinclair & Sutcliffe, 2012; Pinto & Maia, 2013; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechts, 2013). This (24-h) out-of-home care consists of a continuum of services which vary from least restrictive care services (e.g., foster care) to family-based settings with paid caregivers (e.g., family-style group care) to several types of residential treatment care (Huefner, James, Ringle, Thompson, & Daly, 2010; Washington State Department of Social and Health Services: Children's Administration, 2014). According to the United Nations Guidelines for the Alternative Care of Children (2009, December 18), foster care and other family-based settings are preferred. Alternatively, the UN guidelines state that in cases of severe risks and needs, more restrictive types of care such as residential treatment may be required (United Nations, 2009, December 18, p. 5).

Three main types of out-of-home care can be distinguished; foster care (FC), family-style group care (FGC), and residential care (RC). In the case of FC, the child is placed in an alternative family (kinship or non-kinship), consisting of one or two volunteering foster parents who take care of the child for a short- or long-term period. In contrast to the foster care process in the United States, in several European countries including the Netherlands, it is extremely uncommon for foster parents to adopt a foster child when reunification with the biological parent(s) is not an option (Holtan, Handegård, Thørnblad, & Vis, 2013). Instead, in such cases the child remains in long-term FC until the age of 18

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(Strijker, Knorth, & Knot-Dickscheit, 2008). FGC consists of placement in a family with one or two pedagogically trained group parents who provide daily professional supervision of six to eight placed children (Ringle, Ingram, & Thompson, 2010; Whittaker, Del Valle, & Holmes, 2015). Several synonyms are used for this type of care, such as teaching family homes, SOS children's villages, and socio-pedagogical homes (Harder, Zeller, Lopez, Köngeter, & Knorth, 2013; Whittaker et al., 2015). RC consists of multiple forms of 24-h care, varying from less restrictive and less intensive open residential treatment, to restrictive secure residential treatment, to intensive and highly restrictive inpatient psychiatric care (Barth, 2002; Whittaker et al., 2015). Most characteristic of this type of care is both the supervision by 24-h shift staff, and the arsenal of therapeutic components available (Berrick, Courtney, & Barth, 1993; Butler & McPherson, 2007).

Whatever the circumstances from which the child has come and whatever type of care is chosen, the out-of-home placement alone can be a traumatic experience, due to the loss of the parents, siblings, peers, and school environment (Bruskas, 2008; Schneider & Phares, 2005). Moreover, once placed in the service system, the child is at high risk of re-placement, since placement instability is a common phenomenon across all types of out-of-home care (Barber & Delfabbro, 2002; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Ward, 2009). When a child experiences a placement disruption, this usually affects the child's development negatively and may cause additional behavioral and emotional problems (Oosterman et al., 2007; Ward, 2009). For this reason, it is in the best interests of the child to be referred to the most suitable type of care from the beginning, or to address the identified risk factors directly after placement, thereby aiming to prevent such disruptions.

Decision making is, however, often based on incomplete and ambiguous information (Lausten, 2015). It would be helpful, therefore, to have a set of baseline indicators that is related to either a successful or unsuccessful out-of-home placement in a particular 24-h setting. An important question is whether the particular risks and needs in the child, family, and care (history) context at the time of the admission to out-of-home-care could serve this purpose. If so, such a set of baseline characteristics could greatly enhance the quality of the decision making concerning referral to a specific type of out-of-home care, or this set could be used to preventively intervene right from the start (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2017; Strijker, Zandberg, & Van der Meulen, 2002).

Comparative research has already demonstrated that baseline risks and needs in child, family, and care context differ between children in the three main types of out-of-home care (Allen & Vacca, 2011; De Swart et al., 2012; James, Roesch, & Zhang, 2012; Leloux-Opmeer, Kuiper, Swaab & Scholte, 2016; Smyke et al., 2012). Nevertheless, only a few studies were found that examined the association between a combination of baseline characteristics, that is “baseline profiles”, and placement outcomes (Xue, Hodges, & Wotring, 2004; Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014). In addition, no studies were found which simultaneously compared these baseline profiles with respect to positive or negative placement outcomes across different out-of-home care settings. Such studies are, however, necessary in order to understand the impact of a placement on the child's development, for each separate 24-h setting (McCrae, Lee, Barth, & Rauktis, 2010). In addition, knowledge of the interaction between risk factors and their effect on placement outcome is of substantial importance, because it contributes to the development of interventions addressing co-occurring problems simultaneously (Yampolskaya et al., 2014; Zuravin & DePanfilis, 1997). Therefore, the aim of this study was to explore which set of specific baseline characteristics prior to and shortly after placement (positively or negatively) affects psychosocial child development during placement within each main setting of out-of-home care. To this end, we first examined which combination of baseline child, family, and care characteristics could discriminate between children who experienced positive or “favorable” psychosocial development during the first year of placement in either FC, FGC, or RC. Second, we explored which combination of baseline characteristics could distinguish between children who experienced negative or “unfavorable” psychosocial development during the first year of placement in the three aforementioned types of out-of-home care.

Accordingly, the following research questions were posed: (1a) which child, family, and care characteristics at the time of admission univariately differ between favorably developing children in FC, FGC, and RC; (1b) which child, family and care characteristics at the time of admission univariately differ between unfavorably developing children in FC, FGC, and RC; (2a) which combination of baseline characteristics discriminate between favorably developing children in FC, FGC, and RC; and (2b) which combination of baseline characteristics discriminate between unfavorably developing children in the three types of care concerned. To systemize and summarize the research findings, a modification of the developmental model of Kerig, Ludlow, and Wenar (2012) was used (for details, see Leloux-Opmeer et al., 2016). In line with this model, the (potentially) discriminating characteristics are categorized into three categories: (a) (biological) individual context, (b) family context (i.e., biological or substitute), and (c) care history context.

First, we hypothesized that a positive pedagogical relationship (in terms of low levels of dependency and conflicts) between the child and substitute caregiver (i.e., foster parents, family-style group parents, group care workers) the first months after admission in all three 24-h settings equally positively relates to psychosocial development during placement (e.g., Bakermans-Kranenburg et al., 2011; Van den Bergh & Weterings, 2010; Whenan, Oxlad, & Lushington, 2009). Second, we hypothesized that the number of former placements would be an important indicator for discriminating, in particular, between unfavorably developing foster children and those in RC. This is because of the tendency to view RC as a treatment of “last resort” (Huefner et al., 2010; Whittaker et al., 2015), often resulting in a long care history for the latter. Third, we assumed that a history of child maltreatment negatively affects psychosocial development (e.g., Spinhoven et al., 2010; Yampolskaya et al., 2014). Specifically, we expected this characteristic to discriminate unfavorably developing children in family-based settings (i.e., FC and FGC) from those in RC, due to the prevalence of a history of maltreatment in family-based settings (Bernedo, Salas, Fuentes, & García-Martín, 2014; Leloux-Opmeer et al., 2016). Fourth, we expected that the level of psychosocial problems at the time of admission is negatively related to psychosocial development during placement, and specifically distinguishes unfavorably developing foster children from those in the other two settings (e.g.,Aarons et al., 2010, Vanschoonlandt et al., 2013). Finally, we hypothesized that a high level of social-emotional detachment at the time of admission contributes to the distinction of unfavorably developing residentially placed children from unfavorably developing children in FC and FGC, as children with these problems are less likely to be placed in a family-based setting (Lee, 2010), and their developmental prognoses are poor (e.g.,Kay & Green, 2013, O'Connor, 2003).

2. Methods

2.1. Design and study population

The study comprised a comparative follow-up study with a pretest-posttest design specifically among the substitute caregivers of the participants included. It was part of a larger follow-up study with a broad set of instruments and informants.

The study population consisted of Dutch primary-school children (aged 4–12) recently being placed in FC (kinship or non-kinship), FGC, and open RC at Horizon. Horizon is a large organization for specialized care and educational services for children with complex behavioral problems (excluding disabled children or those who need inpatient psychiatric care), usually originating from multi-problem families in