



The moderating effect between strengths and placement on children's needs in out-of-home care: A follow-up study



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ARTICLE INFO

Article history:

Received 25 September 2015

Received in revised form 11 November 2015

Accepted 11 November 2015

Available online 12 November 2015

Keywords:

Child welfare

Strengths

CANS

Out-of-home care

Residential care

Foster care

ABSTRACT

The negative impact of childhood maltreatment, which can often extend well into adulthood, consistently appears to be ameliorated if victimized children possess several resiliencies or strengths. However, little is known about how vulnerable children's outcomes are affected by different levels of strengths across different out-of-home placement settings. Hence, this study examined the association of two factors – children's strengths and placement type, with outcomes at two time-points during out-of-home care. The Child and Adolescent Needs and Strengths (CANS) tool was used to assess the outcomes of 285 children placed in residential homes or foster care in Singapore. Multiple regressions were conducted on CANS domain scores to evaluate whether level of baseline strengths and placement type predicted outcomes at two time-points after controlling for race, prior placements, age, gender, interpersonal trauma, and baseline needs scores. Results indicate that relative to residential care, foster care children are reported to be younger, with lower baseline needs, more prior placements, fewer baseline strengths and suffered fewer types of interpersonal trauma. After controlling for covariates, higher baseline strengths significantly predicted lower baseline needs of children across 3 of 4 CANS domains, regardless of placement settings. However, at reassessment 1 year later, there were significant interactions between strengths and placement type, whereby baseline strengths significantly predicted lower life functioning needs only in foster care. To conclude, in both residential and foster care, the protective effects of high strengths against child maltreatment were similarly apparent at baseline, despite clear differences in children's profiles across placement types. Over time, these initial benefits appeared to persist somewhat for children in foster care but seemed to diminish in more restrictive, residential settings and this warrants further investigation on children with more similar profiles. Nonetheless, it is clear that the continual development of children's strengths should be prioritized in case planning.

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1. Introduction

1.1. Background

A great number of children who are unable to live with their families are placed in out-of-home care each year for reasons such as child abuse and neglect. Across high-income countries, the prevalence rates of abuse are estimated to reach up to 16% for physical abuse and approximately 10% of these children experience emotional abuse or neglect yearly (Gilbert et al., 2009). Often, such adverse childhood experiences result in children being taken into the custody of the state and approximately eight out of every thousand children enter public care (Australian Institute of Health and Welfare, 2015). Knowing how to

best suit the needs of such children in different types of care, developing their existing strengths, and reducing the negative effects of earlier life trauma are among the most critical priorities of state child welfare agencies.

Unsurprisingly, compared with their counterparts from the general population, these children in out-of-home care are widely documented to display higher levels of needs with regard to developmental, behavioral, emotional, social, and educational issues (Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Tarren-Sweeney, 2008; Trout, Hagaman, Casey, Reid, & Epstein, 2008; Zetlin, Weinberg, & Kimm, 2004). Moreover, the negative impact of adverse childhood experiences can persist well into adulthood, resulting in high societal costs and economic burdens (Anda, 2007; Anda et al., 2006; Chartier, Walker, & Naimark, 2010; Gilbert et al., 2009).

In order to provide more effective and efficient services to these children in care, a System of Care approach – which focuses more on strengths instead of primarily deficits – has been gradually endorsed by many practitioners and service providers (Accomazzo, 2014). The

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strengths-based, System of Care approach has a social-ecological foundation, and it advocates for services that promote positive functioning at the level of the child, the family and the broader social environment (for a review, see [Haskett, Nears, Sabourin Ward, & McPherson, 2006](#); [MacMillan, 2011](#)). In line with the use of a strengths-based approach, the key to promoting positive outcomes for children in care lies in understanding the multitude of strengths factors that underlie resilience and help to buffer children against the damaging effects of adverse childhood experiences ([Herrenkohl, 2011](#); [Luthar, Cicchetti, & Becker, 2000](#); [Masten, 2001](#)).

1.2. Protective effects of strengths on children's outcomes

According to socio-ecological models, resilience is not a static construct; instead, it has been characterized as a dynamic process of “positive adaptation” to adverse experiences, whereby individuals demonstrate normal or adaptive functioning despite facing trauma or significant stressors ([Benzies & Mychasiuk, 2009](#); [Khanlou & Wray, 2014](#); [Masten & Coatsworth, 1998](#)). In this model, strengths can be conceptualized as multiple protective factors which interact with each other at various societal levels (i.e., individual, family, community) and, with further development, can enhance resilience and buffer one against the negative, and often enduring, impact of adversity.

Thus far, studies on strengths factors have demonstrated that the presence of strengths are consistently associated with better functioning in both adolescent and adulthood ([Herrenkohl, Herrenkohl, & Egolf, 1994](#); [Pitzer & Fingerman, 2010](#); [Rosenthal, Feiring, & Taska, 2003](#)). For example, possessing higher levels of self-efficacy, social or familial support is associated with better social, psychological and health functioning after experiencing child maltreatment, even when long-term outcomes are examined in adulthood ([Lamoureux, Palmieri, Jackson, & Hobfoll, 2012](#); [Roehlkepartain, 2013](#); [Trickett, Kurtz, & Pizzigati, 2004](#)).

It is also crucial to note that strengths and adverse experiences have been found to be independent of each other, though both significantly impact on functioning. This suggests that developing strengths can confer its protective advantage to all children regardless of the severity of trauma or level of psychopathology experienced ([Lyons, Uziel-Miller, Reyes, & Sokol, 2000](#)). Furthermore, in a study by [Griffin, Martinovich, Gawron, and Lyons \(2009\)](#) on 8131 children in out-of-home care, it was found that possessing a higher number of strengths appeared not only to moderate the impact of trauma on risk behaviors, but that the magnitude of this buffering effect was even greater at higher levels of trauma exposure.

The importance of developing children's strengths is clear, as it has been consistently demonstrated to positively influence the levels of need and outcomes of vulnerable children in care ([Dilley, 2007](#); [McCammon, 2012](#)). However, given the dramatic differences between the treatment settings of children in residential versus foster care, the protective influences of strengths need to be examined while taking placement differences into account.

1.3. Differences between placement types

Out-of-home care is designed to be temporary, with the ultimate goal of reunifying children with their natural family or other forms of permanency (e.g., adoption). In this study, foster care was specifically defined as non-kinship care in which registered foster parents temporarily provide family-based care to vulnerable children. In Singapore, foster care volunteers are screened (i.e., for medical fitness; minimum household income etc.) prior to successful registration with the government. Subsequently, registered foster carers may decide whether to accept a foster care placement or terminate an existing one. In contrast, residential care refers to group homes where children are cared for in a more structured environment, which can also be supplemented with therapeutic programs as well as educational and medical services.

Thus far, numerous differences have been found between the characteristics of children entering foster care and residential care. Those entering foster care or more family-based treatment settings tend to be younger, female, less likely to come from minority ethnic groups, have fewer prior instances of juvenile offending and present with lower levels of psychopathology and externalizing behaviors ([Huefner, James, Ringle, Thompson, & Daly, 2010](#); [Ryan, Marshall, Herz, & Hernandez, 2008](#); [Tarren-Sweeney, 2008](#)). A recent study examined the different needs and strengths profiles of children residing in Singapore's public welfare system ([Liu et al., 2014](#)) and reported high rates of poor academic functioning, higher strengths for older children, as well as higher overall needs of children in residential care compared with those in non-kin foster care.

The differences in the outcomes of children across different care settings have also long been examined. For example, numerous studies had indicated that institutional or residential placements were consistently associated with poorer outcomes than foster care placements after controlling for baseline levels of functioning ([Davidson-Arad, 2005](#); [Davidson-Arad, Englechin-Segal, & Wozner, 2003](#); [McDonald, 1996](#)). Children in foster care also appeared to develop fewer attachment issues ([Smyke et al., 2012](#)), have better psychological adjustment ([Nowacki & Schoelmerich, 2010](#)), and accrue fewer criminal convictions in adulthood, even after adjusting for number and duration of placements ([Dregan & Gulliford, 2012](#); [Johnson, Browne, & Hamilton-Giachristis, 2006](#)).

However, a sizeable proportion of evidence that illustrates better outcomes for foster care focuses on infants and younger children ([Smyke, Dumitrescu, & Zeanah, 2002](#); [Smyke et al., 2007](#); [van Ijzendoorn, Luijk, & Juffer, 2008](#); [Zeanah, Smyke, Koga, & Carlson, 2005](#)). On the other hand, several studies that included older children above 4 years of age demonstrated good outcomes in institutional care ([Knorth, Harder, Zandberg, & Kendrick, 2008](#); [McKenzie, 1997, 1999](#); [van Ijzendoorn et al., 2008](#); [Wolff & Fesseha, 2005](#)) in the presence of positive caregiving and holistic organizational structures. Additionally, such comparisons may be further complicated by factors such as level of national prosperity and level of support provided (i.e., by international non-profit organizations; governmental policies; religious charities etc.) to each placement type, which can vary widely across countries and affect the quality of different types of care ([Courtney & Iwaniec, 2009](#)). Consequently, the inconsistent findings regarding the impact of different placement types call for further investigations in order to provide better guidance towards ideal placement decisions and achieve optimal outcomes for children in care.

1.4. Present study

In Singapore, an independent island state in South East Asia with a population size of 5.47 million ([Singapore Department of Statistics, 2014](#)), the Children and Young Persons Act confers the legal responsibilities of protecting children to the Ministry of Social and Family Development (MSF).

While there are a number of local studies investigating abuse, mental health issues and risk factors of future maltreatment ([Chu, Thomas, & Ng, 2009](#); [Li, Chu, Ng, & Leong, 2014](#)), there has been a shift towards strengths-based practice instead of deficit-focused approaches. In 2011, the Child and Adolescents Needs and Strengths (CANS) tool ([Lyons, Weiner, & Lyons, 2004](#)) was first localized and implemented in Singapore to assess the needs and strengths of children; facilitate case management and track the progress and outcomes of children entering child protection services. It is a standardized assessment instrument designed to facilitate the linkage between individualized assessments and service planning for children and youth across multiple settings (i.e., child welfare, juvenile justice, early intervention, mental health settings).

To date, no studies have examined the protective effects of strengths for these children in Singapore. Similarly, the impact of placement type

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