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Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

Tarren-Sweeney, M. (2008). Retrospective and concurrent predictors of the mental health of children in care. *Children and Youth Services Review*, 30, 1–25.

Keywords

Foster care, mental health predictors, developmental psychopathology, social care policy

Research Questions

- What predictors of mental health exist for children in court-ordered care?
- What factors are associated with identified predictors of mental health?
- What developmental mechanisms may help explain the predictive and associated factors identified?

The author examined retrospective and concurrent predictors of mental health problems and associated factors through a prospective, epidemiological study of children in court-ordered foster and kinship care in New South Wales (NSW), Australia. Limitations of previous studies were addressed by considering developmental mechanisms that may account for findings and by recommending developmentally based alterations to existing social care policy.

Method

Subjects: The study utilized a sample of 347 children, age 4 to 11, whose caregivers responded to mailed survey questionnaires (i.e., 56% response rate). All children included in the study resided in court-ordered foster (86%) or kinship (14%) care in NSW under the guardianship of the minister for the Department of Community Services (DOCS). The mean age at entry into care was 3.5 years, with an average length of time in care of 4.3 years.

Design: The study utilized a retrospective design with data collected from a caregiver report and a database. Children were not active participants. *T*-tests, ANOVA, and Pearson *r* correlations were used to identify associations between study factors and continuous outcome measures, while two-step hierarchical linear regression models and equivalent hierarchical logistic regression models were used to predict continuous estimates of mental health and predictors of mental disturbance, respectively.

Materials/Measures: Outcomes including children's baseline mental health, socialization, and self-esteem were estimated using results of a caregiver report on the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC), as well as a mail-out survey questionnaire completed by participant caregivers.

Potential risk and protective factors were measured retrospectively and concurrently in the Children in Care Study (CICS) baseline survey (2000–2003) using a mail-out caregiver questionnaire and the DOCS child welfare and alternative care database. Specifically, the caregiver questionnaire obtained information related to children’s development, education, and present status; the database contained historical information (e.g., maltreatment history, care history, and birth family factors).

Procedures: Data obtained from the CBCL, ACC, mail-out survey questionnaire (i.e., all completed by the caregiver), and DOCS child welfare and alternative care database were statistically analyzed. Results of analyses provided estimates of the extent to which pre-care factors, developmental characteristics, and various in-care experiences independently predicted mental health and/or other outcomes.

Results/Findings

Predictors identified: The strongest predictor of mental health was the age at which children entered care, with earlier entry (i.e., < 7 months of age) being protective and later entry (i.e., > 7 months of age) relating to progressive declines in mental health. In addition, intellectual disability and reading difficulties predicted mental health problems independent of children’s prior exposure to adversity. Sexual, physical, and emotional abuse was predictive of clinically significant problems related to social/emotional difficulties (e.g., sexual behavior, social problems, attention problems, delinquent behavior, anxious-depressed demeanor) and/or attachment problems as measured by the CBCL and ACC. Factors related to placement insecurity or a lack of permanence in placement (e.g., younger maternal age at birth, anticipated restoration of the child to birth parents’ care, exposure to a higher number of adverse life events in the preceding year) also predicted mental health problems.

Associated pre-care factors and in-care experiences: Of the children included, 34% of boys and 25% of girls had at least one reported physical health problem, with 36% of children prescribed medications. Roughly 22.5% of children were reported to have intellectual disability, while 22% were reported to experience speech/language difficulties, and 36%, reading difficulties. Problems related to mental health and socialization were greater than Australian community means and previously reported estimates of in-care samples, with elevations ranging from 0.3 to 1.9 standard deviations above the mean in the domains of social problems, thought problems, attention problems, and rule-breaking/delinquent and aggressive behaviors. Significant maltreatment histories prior to entering court-ordered care were also present, with more than 93% of children entering care with a known history of maltreatment; the length of time in parents’ care was directly related to exposure to maltreatment, with longer amounts of time in parents’ care associated with greater numbers of confirmed notifications.

Once in foster or kinship care, 68% of children had no reports of maltreatment, while the remaining 32% had one or more unconfirmed (13%) or confirmed (19%) maltreatment reports. Most maltreatment events related to poor caregiver coping in response to children’s behavioral and/or relational disturbances (e.g., inappropriate discipline or scapegoating), with a smaller group experiencing neglect, abuse, or predatory behavior. On average, children had 3.1 placements (range = 1 to 25), with most instability occurring in the first year of court-ordered care.

Developmental explanations for relationships found: This study supports a cumulative risk model of developmental pathology wherein the more exposure to pre-care adversity, the greater the likelihood of mental health problems. Consistent with this finding, later entry into care and the length of exposure to maltreatment (i.e., sexual, physical, and/or emotional abuse) were

predictive of greater mental health difficulties. Later entry into care was also related to placement insecurity. Given the protective value of early entry into care, this study also supports the notion that infant attachment systems are likely to be flexible to changes in parenting styles, at least through age 20 months. Thus, children who enter care as infants have a better likelihood of developing secure attachments, while later-placed children may develop attachment difficulties that are also more resistant to change potentially as a consequence of children's perceptions of permanence and the influence of placement security on their caregivers' attachment systems.

Limitations

This study was limited by its exclusion of data related to the following potentially salient variables, such as factors likely to predict or influence children's mental health:

- Genetic and prenatal risk exposure
- Infant temperament
- Quality of care provided to children in current placements
- Caregiver-related factors (e.g., caregiver motivations, parenting stress and burden of care, caregiver attachment style, caregiver's feelings about the child)

Additionally, the validity of several factors related to risk exposure, including exposure to chronic subcritical adversity, the length of exposure to maltreatment, and unconfirmed reports of maltreatment, is questionable due to the accuracy of the measurement methods; thus, results related to the specific factors in question may over- or underrepresent their true presence in the participant pool.

Application to Practice

Implications for social care policy: To reduce mental health difficulties and ensure children in care are provided with the greatest opportunity to develop secure attachments and regulatory systems, child development ought to be taken into account when generating social care policies and practices. Specifically, child welfare courts and agencies should consider early assessment, support, and intervention, particularly for children who enter care with intellectual, language, and/or specific learning difficulties. Additionally, identifying maltreated children at younger ages so they may enter into care earlier will protect them from developing mental health problems. Policy makers should ensure permanency for children in long-term care, with time frames dependent on children's developmental age and influenced as much by children's attachments as by their need for care and protection. Finally, given the salience of children's perceptions of permanence in feeling secure, policy makers should give greater attention to legal status or transfers of parental responsibility rights.

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