

‘Facilitating resilient outcomes for children in care’

Growing Up In Care: A Longitudinal Study of Children in Care

Dr Elizabeth Fernandez
School of Social Work
University of New South Wales
E.Fernandez@unsw.edu.au

‘Knowledge into Action! Effective Practice for Children & Family Services’
2004 ACWA National Child & Family Services Conference 2nd to 4th August, Sydney

Children’s Conceptions of Fostering

- What is a foster home?: "Places of refuge where people can stay, where you get looked after." Would you call this home a foster home?: "No, this is my house." (009, male, 11 years old)
- "No a normal kid like everyone else. Because here it is like a real family. Some parents don't care about children, that's why I came into foster care." (005, male, 12 years old)

Children’s Conceptions of Fostering (cont’d)

- Would you call yourself a foster child?: "Not really, I wouldn't call myself one cause my carer treats me as her own son, even though she's already got one and she's already got a daughter but she treats me as her own son. And I really adore her." (002, male, 11 yrs)
- "It's someone who goes to another family, and isn't with their other parents anymore... their real parents. A foster mother takes care of you for the rest of your life, instead of your real mum. Normal kids, they don't have to go down to their parents because they live with them"

(016, female, 8 years old)

Children’s Conceptions of Fostering (cont’d)

- "Yes I've heard this word all the time. It means you're taken away from your family. It means you can't live with them until they're 80. Because we have to live with another family and that isn't right. We should be living with our mums and dads... it is different in a foster home, because you get scared...you get proper food at a foster home ... it is boring, and when you move you feel lonely." (027, male, 8 years old)

Children's Conceptions of Fostering (cont'd)

- “Sort of because they miss their mum and they really want to go back to her, and they won't be able to see her for a long, long time, so they act differently because of this. But once they settle in they get fine, and then um they just forget about it and start moving on.” *(042, male, 9 years old)*
- “A person who acts like your mum and dad, I haven't got my mum and dad or my brother or the pets that I had before. That's why it's not the same. You're in somebody else's house and it's not your real mum and dad but it's the person that's looking after you for the moment.” *(017, female, 8 years old)*

The Research Aims

- To document the needs and experiences of children in care from the perspective of their carers, case workers, birth parents and children themselves
- To explore children's perceptions of their developing relationships with foster families, and their established relationships with their birth family and significant others
- To analyse the perceived adjustment and psychosocial functioning of children over the study period and document placement and developmental outcomes

The Research Aims (cont'd)

- To further understanding of the risk and protective factors affecting the children's physical and psychological health, their interpersonal relationships, and their educational and social development
- To establish how the children and their carers experience social work support, and the impact of professional input on outcomes

Data Collection

- Interviews were carried out at 4 months after entry to care and 18-24 month intervals thereafter
- Child interviews (8 – 16 yrs) total number to date 112
- Caseworkers (of children of all ages) total number to date 136
- Foster/adoptive carers (of children of all ages) total number to date 111
- Parents (of children of all ages) total number to date 13

Data Collection (cont'd)

Measures used in the study

- **Looking after children AAR subscales (completed by caseworkers and children)**
- **Achenbach CBCL (completed by carers)**
- **Achenbach TRF (completed by teachers)**
- **Hare self esteem scale (completed by children)**
- **Interpersonal parent and peer attachment scale (completed by child)**
- **Attachment styles questionnaire (completed by carers)**
- **Foster care alliance scale (completed by children and carers)**

About the Children

- 59 children participated in the study
- Boys (53%)
- Girls (44%)
- Ages ranged from 2 to 17
- Average age of 11.1 years
- 12 years was the most frequently occurring age

About the Carers

- **Barnardo's foster carers were interviewed about their perceptions of the children's needs, their experience of care and indicators of adjustment**
- **The carers completed the Achenbach child behaviour checklist as a part of the interviews**
- **The majority of the carers were aged between 36 and 45 (46%) with much fewer below 35 or older than 55 years**
- **The carers had up to 16 years experience in caring for children in the child welfare field**
- **78% had 5 years or less, most often two to five years**
- **Just over a quarter (27.5%) of carers were having their first child placement, whilst the majority had had two children, and a quarter had five children in their time as a carer**

Interviews Explored

- Conceptions of fostering
- Child's placement history
- Reasons for entry to care
- Current placement
- Relationship with the carer and foster siblings
- Relationship with the birth family
- Schooling experience

- Physical health
- Emotional and behavioural development
- Child's identity and self image
- Relationship with caseworker and agency

Care History

• Total placements

- A third of the children had more than 5 placements in total
- The median number of placements was 4 placements and the average was 4.3 placements
- Time in care was strongly related to number of placements ($r=0.58$, $p=0.000$)

Change of Placement and Children's Responses

Many of the children interviewed had multiple carers over time. Children's placements ranged from 2 to 7 foster homes, an irony that is presented by one of the children when asked why they thought they were in care

- *'Ah, cause we've moved around a lot' (006, male, 11yrs)*
However many children were aware that they would eventually find a permanent foster placement, even though they were not sure how long their present placement may be
- *'(SIGH) well if I am very very, extremely good I might stay here and this might be my forever family but if um, if this isn't a good place I will have to move, which I don't want to' (039, female, 8 yrs)*
- *' (Until) I'm old enough to move out into a flat' (007, female, 11yrs)*

Table 2: Child's integration with carers

Figure 2: Caseworker ratings of children's adjustment in a placement over time

Adjustment to placement over time

- The proportion of children in placement with excellent adjustment grows with time
- 17.5% to 58.5% in year 3
- 54.5% in year 4
- Mixed or poor adjustment decreases
42.5% in year 1 to nil in year 4

Looking After Children Assessment & Action Records

Table 4: Caseworker and children's ratings on LAC subscales at Interview 2 and normative data from carer ratings for comparable group of 100 children in care (UK)

Table 4: Compares the caseworker ratings with the older

children's own ratings and the ratings of carers in the UK

- Children reported more emotional problems than the caseworkers, and more problems with carers
- Children, however, were more favourable in their ratings of their social skills and problems with peers
- Caseworker ratings on the LAC showed some significant improvements in three of the subscales, including emotional problems, conduct problems, and relationship with carers
- Majority of change in scores was attributable to girls

Relationship building skills reported by children at Interview 1 (LAC AAR)

Figure 5: Number of relationship building skills and abilities reported by the children at Interview 2

Figure 6: Hare Self Esteem Scores (HSS) compared to normative data

Children's Interviews

- Children's self esteem was assessed using the hare self esteem scale. Includes peer self-esteem, home self esteem and school self-esteem and a total score
- Girls and boys both had an average of 82
- Peer self esteem was negatively correlated with total number of placements, ($r = -0.42$, $p = 0.05$) so that the more placements children had the lower their peer self esteem
- Age at entry to care was also found to be related to "global self esteem" ($r = 0.37$, $p = 0.05$). That is, children who went into care at an older age had higher self esteem at interview 2

Table 6: Caseworker ratings of Children's cohesion with foster family

Children's perceptions of cohesion

- The relationships with the foster mothers remained very positive, especially amongst boys and younger children
- The nature of the relationship with the foster father at interview 1 appears to have had an important developmental influence on the children, so if there was very good cohesion the child increased their relationship skills by interview 2
- Children who had a stronger level of maternal attachment were more likely to sustain highly cohesive relationships within the foster families

Children's perceptions of cohesion (cont'd)

- Age was significantly related to cohesion with the foster father ($r=0.5$, $p=0.01$) such that older children were less likely to report getting on "very well" with the foster father
- The child's cohesion with other children from the foster family, was significantly related to the child's number of placements
- Children who got on very well with the children of the foster family had an average of 1.7 placements which was significantly fewer than children who did not get on very well ($p= 0.018$)
- There were significant relationships between the child's self reported relationship building skills and cohesion with the foster mother ($r= -.69$, $p<0.01$) and the foster father ($r= -.63$, $p<0.05$). The more perceived skills at Interview 1, the more cohesive the relationships at Interview 2.

Cohesion with Foster Mother – Foster Father

In general the children manage to have good relationships with their carers. Some relationships are harmonious yet others seem to be very good

Q. 'So, how do you get on with your foster mum...and your foster dad'

- *'Um, she's kind andI dunno. She's nice, yeah...um, he plays footy with me and things like that. (003, male, 12yrs)*
- *'Um, she don't tell me very much things to do...he lets me do most things with him' (042, male, 9yrs)*
- *'Um, he lets me do a lot of things that my mum doesn't do when we're with him, when she's not around. (017, female, 8yrs)*

Cohesion with Foster Mother – Foster Father (cont'd)

Q. *'What is it like living here, with (Carer)'*

- *Well, they have a pool, and um . . . I just like living here, cause I get to do some hammering and nailing if I want to ...and it is actually fun, and I get to do ironing, it is GREAT!.. She is kind, lovely, beautiful, sweet, cute . . . like an angel' (039, female, 8 yrs)*
- *"Good, everything is good. I want to stay here until I have money to buy a house." (015, male, 10 yrs)*

Table 7: Caseworker description of the child's current relationship with his or her birth parents

Table 8: What is the pattern of contact that the child has with his/her birth parents and siblings

Frequency of Contact

- 1 in four of the children (23.9%) had contact with siblings once a week or more often
- Only three of the children had no contact with siblings
- Grandparents were an occasional point of contact
- 26% of children having confirmed contact with their maternal aunt
- 4 children in 10 had ongoing contact with their previous carers
- 13% had regular contact

Frequency of Contact (cont'd)

- One child in 5 had contact with his or her birth mother at least fortnightly
- A quarter had no contact at all
- One in three saw her during holidays or twice a year
- Just over half (56%) of the children had no contact at all with their birth father
- 28% saw their father between once a month and every few months or holidays

Figure 8: Children's desired contact with their birth family

Children's Connection to their Birth Mother

'...they say that she's not a proper Mum'. (006, male, 11yrs)

Children throughout the interviews seem very connected to their birth mother. The children in the main have a desire to live with their mothers or would choose to confide in their birth mother if they were having any difficulties, although the foster mothers were also noted as a confidant.

Q. 'Suppose you had a problem...who would you most like to talk to?'

- *'Um, my mum or Susan'. (His foster mother) (003, male, 12yrs)*

Both the above child and his younger brother expressed clear and positive connections with their birth mother yet could also evaluate the positive aspects of the new home.

- *'I want to live with my mum but I like the school and that ...And mum couldn't pay for the school, so I'll live here, but I probably want to live with my mum' (003, male, 12yrs)*

Children's Reaction to seeing their Birth Mother

Q. How do you feel when you see her? (Birth Mother)

- *'Happy...Mmm, I dunno I just have this feeling...Mmm, nice, mmm happy, mmm that's about it' (006, male, 11yrs)*
- *'Um, the fact that I'm happy' (007, female, 11yrs)*

One child's feelings about her mother were so private that she had made the interviewer promise not to put her non verbal queues into words that could be heard on

the tape recorder. (039, female, 8 yrs)

When the interviewer asks one of children do they want to see more of the birth mother or are they happy with the present arrangements, the child answers as if he were out of the Dickens novel Oliver Twist.

'More, please, just more' (042, male, 9yrs)

Table 9: Critical or crisis events affecting the child noted by carer

Table 9: Positive events and changes experienced by the child in the previous 18 months noted by carer

What critical events had the children experienced?

- The most frequently reported critical or crisis events reported included the experiences of bullying, emotional abuse and violence or physical abuse
- Children's cumulative number of events, ranged from 0 to 14, with the average being 3
- All children experienced multiple positive events in the previous 18 months
- A third had more than 10 of these events
- The median number of positive events was 10 and the average was 10.6

Positive Events and Achievements

- **Most frequently reported was having a stable foster placement (88%) in the last 18 months**
- **Three quarters of the children (73%) were able to go on a trip or vacation**
- **Development of relationships with carers, new friends or birth family was also common, experienced by two thirds**
- **Many children experienced some level of educational achievement (69%) or sporting achievement (52%)**

Figure 8: Carer perceptions of school performance at Interview 1/ 2

Change of Schools

Three quarters of the children had experienced at least one change in schooling since their separation from their birth family
More than half of the children had had three or more changes
When asked to evaluate how they were doing at school, most children attempted to assess their own abilities.

- *'Um, playing and English. I'm not so good at my maths' (007, female, 11yrs)*
- *'Hand writing everything. Not everything in the world though...I'm good at mostly everything' (017, female, 8yrs)*
- *'...can't hardly read...and plus I'm year 5 going in year 6...can't even hardly read or do neat writing...'* (008, female, 10 yrs)

Q. what are you like compared to your classmates?

- *Um, middle of the class. I mean, we got graded and it goes up to A's and I'm in the...(middle)' (003, male, 12yrs)*

Friends/Change of Schools

They're kind, I'm kind, they're friends, they're friends of mine' (017, female, 8yrs)

Friends seem to be an important theme in the children's conversations. In this study there seemed to be an abundance of friendships for the children to pursue. Perhaps because of the amount of schools some children have been to, up to 13, one child replied to the questions around what is it like to change schools with.

'I'm used to it...'(003, male, 12)

School for many of these children seems a continuation of the general theme around friends. Although most children found it easy to make friends at their new school, one of the children highlighted the initial difficulties of the process.

- *'Well...it's sort of hard and sort of easy...it's in between' (004, female, 11yrs)*

Beginning a new school often becomes a conversation around beginning new friendships. When the children were asked questions around what do they like about school, they often referred to being with friends.

- *'Um, I don't know. I think its good with friends...works boring' (010, male, 10yrs)*
- *'Nothing.....seeing my friends' (006, male, 11yrs)*
- *'Um, sport and my friends I suppose' (003, male, 12yrs)*

Child Behaviour Checklist

- In the present study the CBCL 4-18 was used
- This is an observational measure for children aged 4 to 18 (Achenbach 1991) which assesses 113 problem behaviours to provide information on 3 overall problem scores
- **Internalising Problems:** inhibited or over-controlled behaviour (I, II and III)
- **Externalising Problems:** antisocial or under-controlled behaviour e.g., delinquency or aggression (IV and V)
- **Total Problems Scale:** all mental health problems reported by parents or adolescents

Child Behaviour Checklist (cont'd)

- 8 further subscales
 - 1.Somatic Complaints: chronic physical complaints without known cause or medically verified basis.
 - 2.Withdrawn: shyness and social isolation.
 - 3.Anxious/Depressed : feelings of loneliness, sadness, being unloved, worthlessness, anxiety and general fears.
 - 4.Delinquent Behaviour: breaking rules and norms set by parents and communities (e.g., lying, swearing, stealing or truancy).
 - 5.Attention Problems: difficulty concentrating and sitting still, and impaired school performance.

- 6. Aggressive Behaviour: bullying, teasing, temper tantrums and fighting.
- 7. Social Problems: impaired peer relationships.
- 8. Thought Problems: strange behaviour or ideas, obsessions.

Child Behaviour Checklist (cont'd)

- The CBCL has local and international comparison data
- Comparisons are made with the findings of the Australian government's mental health of young people in Australia (2000), based on a national representative sample of 4500 children aged 4 – 17
- Additional comparisons are made with data from a sample of 362 children assessed at intake into the Casey family program, a private long term foster care program for 1600 children (USA)

Table 10: Children aged 4-17 years in “clinical range” of problems on CBCL, compared to the Mental Health of Young People in Australia (MHYPA) Survey (n=3870) and Casey Family Program (n=362

Figure 9: Percentage of children in the clinical range for CBCL/4-18 scales compared to the MHYPA survey sample and the Casey intake sample

Child Behaviour Checklist (cont'd)

- Table 10 provide an overview of the findings in the present study, and comparisons with the Australian Mental Health Survey and the Casey sample
- In both cases the statistic for comparison is derived by using the percentage of children having “t-scores” above than the recommended cut-offs of 70 for the three summary scores, and 64 for the subscales
- 30.2% were in the clinical range for number of total problems at first assessment
- 15.1% for internalising problems
- 15.1% for externalising problems
- clinical rate for “Total Problems” is more than double the Australian community sample but equivalent to the Casey intake sample
- Internalising and externalising problems were less than the Casey Sample but exceeded the MHYPA community norms

Child Behaviour Checklist Interview 2

- 18% of children were in the clinical range of “total problems”
- 11% for internalising problems
- 16% for externalising problems

Comparison data at Interview 2

- Fewer children fell into the clinical range of “total problems” at the second interview
- Children's ratings also remained above the Australian normative data on all subscales and in terms of total problems and externalising problems

- Internalising problems however, had dropped to just under the Australian normative sample

Teacher Report From (TRF)

- Teachers of children in care were asked to complete the Achenbach teachers check-list, a companion to the child behaviour checklist
- Like the CBCL 4-18
- The instrument is norm referenced and assesses key problem sub-scales and overall problem scores

TRF (cont'd)

- The TRF also includes an Adaptive Functioning Scale which include 5 ratings over two subscales on the child's positive attributes as displayed at School
- Academic Performance
 - teacher's ratings of the child's performance in academic subjects
- Adaptive Functioning
- Four adaptive characteristics and the sum of the four characteristics
 - How hard the child is working
 - How appropriately he/she is behaving
 - How much he/she is learning
 - How happy he/she is

Who were included in this part of the study?

- The TRF was completed for 20 girls (46.5%) and 23 boys (53.5%) aged between 5 and 17, with an average age of 11.1 years (sd 3.1 years)
- Additionally each child's main teacher completed a checklist for another child in the class, matched for age and sex but who resides in a birth family

Table 11: T-scores for TRF Problems at Assessment 1 for Care and Control Groups

Table T11: (cont'd)

Children in care

- The problem subscale scores have a minimum of 50, and a clinical cut off of 64
- The maximum scores for the children varied from 67 (withdrawn) to 91 (for aggressive behaviour)
- whilst the average scores ranged from 52.6 (somatic complaints) to social problems
- the highest average scores for girls being social problems (mean 59.65) and for boys, aggression (mean 58.48)

- There were five children in the clinical range for the summary scores for internalising problems, (greater than 63 on the teacher ratings), nine with externalising problems and 7 over threshold on “total problems”
- Overall 38 children (88.4%) were problem free on the eight subscales, including 19 girls (95%) and 19 boys (82.6%)

Control Group Children

- Compared to the children in care only two significant differences were detected
- Firstly the children in care had higher t-scores on aggressive behaviour (means = 58.2 for care and 54.3 control; $P=0.013$)
- The care group had higher t-scores for externalising problems (means =56.7 for care, 52.1 for control, $p=0.019$)
- The high level of children in the clinical range of scores for internalising problems
- Eleven (25%) of the children in the control group had scores which fell in the clinical range for internalising problems

Figure 11: Percentage of children in the clinical range for TRF summary scales compared to the sample of matched children, not in care

Table 12: T-scores for adaptive functioning scales for children in care and control group

Adaptive Functioning Scales (TRF)

- Children in care
 - children in care had the highest average score for “happiness” and the lowest for behaving appropriately
 - By gender, girls had their highest average ratings for working hard (mean = 44.85)
 - and the boys, being happy (46.35) or working hard (46.5)

Adaptive Functioning Scales (TRF) (cont’d)

- The percentiles indicate that:
 - On average the children in care were in the lower third of the population across all these adaptive scales and on the sum of the adaptive functioning
 - For girls, academic performance was lowest at the 21st percentile,
 - For boys, behaving appropriately was at the 27th percentile
 - The highest percentiles in the scales for this group ranged from 73rd percentile (behaving appropriately) to the 93rd percentile (learning)

Adaptive Functioning Scales (TRF) (cont’d)

- A high score is indicative of more adaptive functioning
- The control group children's percentile means varied from a low of 30.31 for learning, to a high of 37.40 for working hard
- The highest percentiles in the scales for this group ranged from the 79th percentile (happy) to the 93rd percentile which cut across academic performance, working hard and learning

Figure 13: Adaptive scale percentiles for children in care and the matched children, not in care for academic performance and the sum of the adaptive scales

Comparisons between the care and control samples

- Girls in care, appear to function at a lower average percentile to their non care peers
- Boys samples appear more evenly matched
- In relation to the subscale "behaving appropriately"
- Children in care have lower ratings

Figure 14: TRF Adaptive function percentiles at Assessment 2 for children in care and the control children for academic performance and the sum of the adaptive scales

Comparisons between the groups at assessment 2

- **Both groups, however, demonstrated significant changes in their TRF problem scores from the first assessments**
- **With regard to the summary scales, both groups showed significant reductions in the ratings**
- **In the subscales, the care group changed in six areas, as opposed to 4 areas in the control group**
- **The strongest changes for the control group surrounded the internalising cluster**
- **The care children showed most change in the externalising clusters**

Summary

- Both the children in care and control group had arrange of problems detected
- Evidence of a greater prevalence of problems in the care group
- The high prevalence of internalising problems amongst the control group
- At the second assessment there were no differences between the two groups on the problem subscales, which, in a restorative program is a positive finding

Summary (cont'd)

- On the adaptive functioning scales, children in care showed

- significant improvements across all subscales
- Children in care were functioning near to the 50th percentile, based on the normal population
- Control group showed some significant gains but without the same breadth or magnitude
- Some of this change may be attributed to the effects of restorative care and the Barnardos intervention

Comparisons between the groups at assessment 2 (cont'd)

- the teachers not “blind” to the status of the two children that they were assessing
- factors need to be considered when interpreting these data
 - Some of these changes might be apportioned to different rating styles of the teachers at the different time points, but this is a constant for the two groups.
 - Some may be natural maturation although the age related norms should also account for this effect.
 - Finally some of the effects may be attributed to the effects of the Barnardos intervention

Teacher – Carer Ratings on the Achenbach Rating Scales

- There was significant agreement between the carers and teachers on the ratings of children
- They were more likely to agree on the identification of children below clinical threshold problems than above
- Carers would rate more children at above threshold levels than teachers, especially with regard to externalising and total problems

Teacher – Carer Ratings on the Achenbach Rating Scales (cont'd)

- This difference may be an indication that teachers were more conservative than the carers
- Have a better idea of the normal range of behaviour
- The structure of the classroom provides sufficient guidelines for the children to behave within non clinical levels
- In the absence of such structure, the carers observe more problematic spectrum

Identity and Self-Image

Q. Who would you most like to be when you grow up?

- *'I'd like to be myself. People like that I'm kind and gentle. I am rough but I don't hurt anybody and very strong' (017, female, 8 yrs)*

Q. What do you like about yourself?

- *'I'm good at sport. Um, I'm not that dumb, not that smart. Um, I've got a few friends. That's about it' (003, male, 12yrs)*
- *'That I've got the most best friend, who cares for me' (016, female, 8 yrs)*

Q. What are the things others like about you?

- *'That I'm kind and nice and I give people things'(016, female, 8 yrs)*

Q. Imagine you could change something about yourself, would you change anything?

- *"No, because my mum wouldn't recognise me." (035, male, 8 yrs)*

Three wishes

The children were giving three wishes as part of the interviews, below are some of their wishes. Many of them relate to having their family back together; however others reflect those that could be expected by most children.

- *'High heel shoes, nice dresses live in a castle and be rich' (017, female, 8yrs)*
- *'Um, to be rich...I want all the computer games in the world' (010, male, 10yrs)*
- *'For my mum back, going back to my country-with my mum and taking all my pets with me...rats, mice, dogs, cats, horses...everything and a whole lot of others except one thing...chickens...aaggh' (008, female, 10yrs)*
- *'OK first...back with my mum...second...have all my things back together again...and third, have all the happiness...' (004, female, 11yrs)*
- *Um, that I was rich. I was living with Mum. Um, play for Australia' (003, male, 12yrs)*
- *'I wish for my birthday...ummm I want to go to a different place...like where my mum lives...my last wish...I went camping with myself and my friends' (043, female, 7yrs)*
- *'Um, nothing' (007, female, 11yrs)*