Developmental Child Welfare – Using developmental knowledge and theory to reform child welfare and alternative care

Conference

Changing the narrative: Responding to the developmental needs of looked after children and those who care for them

Glasgow, 27-28 Nov 2017

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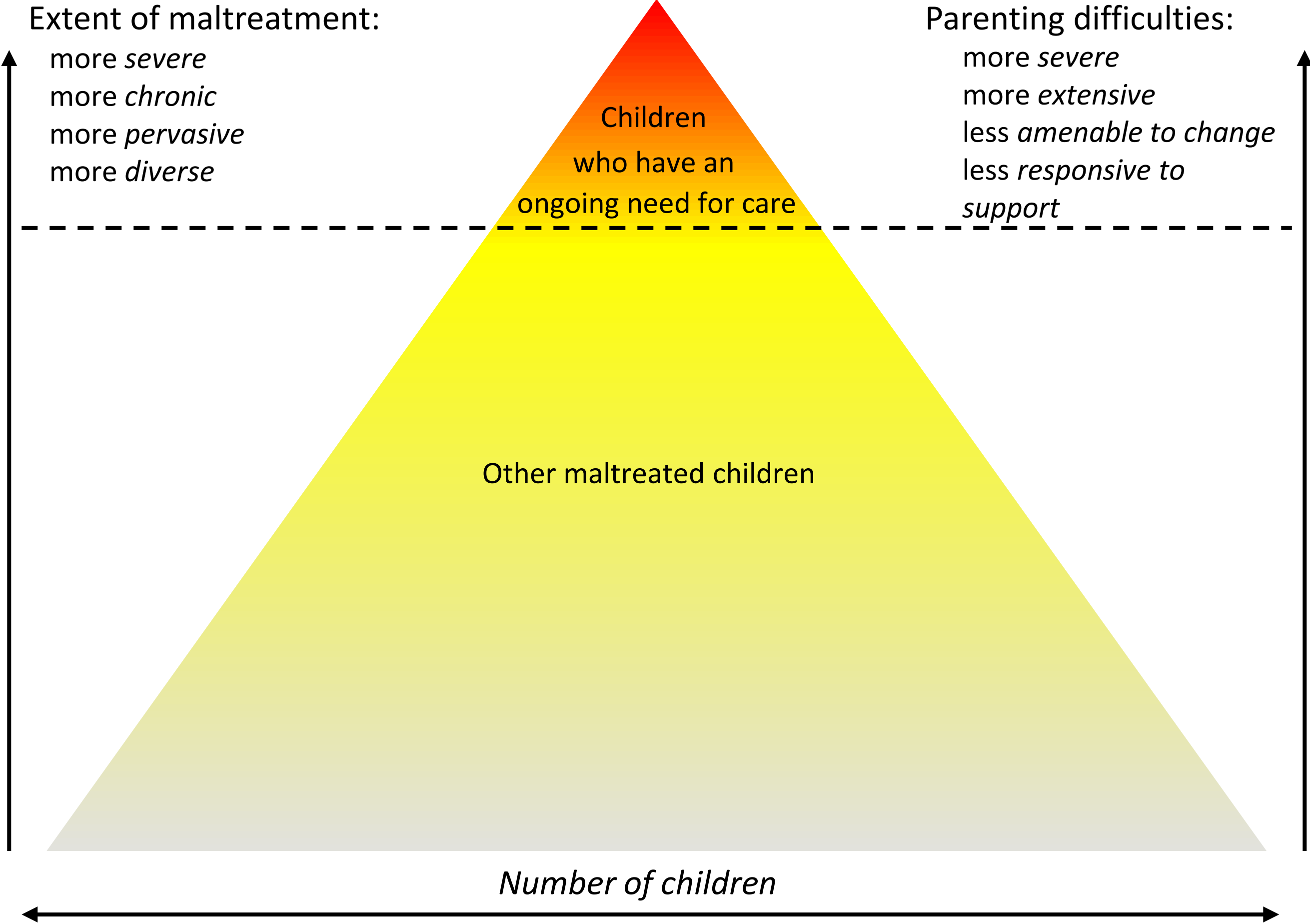
Child maltreatment pyramid



Children who have an ongoing need for care

- The most disadvantaged child population in the developed world
- Several million children in the western world reside in long-term out-of-home care (foster, kinship, residential) or are adopted from care.
- Difficult to estimate numbers of children with ongoing need of care who remain with their birth parents, including those who spend some time in out-of-home care

Psychosocial-developmental difficulties of children in care

- About 25% have some form of intellectual disability
- A high proportion have language difficulties consistent with early neglect and lack of language stimulation
- Hallmark interpersonal relatedness difficulties
- A range of developmental processes in early childhood that are critical to human social functioning are impaired by early and prolonged exposure to traumatic abuse and the absence of nurturing, sensitive care, including:
    - *Behavioural and emotional regulation, executive functioning*
    - *Attachment, theory of mind, the meanings we attribute to social relationships*

Psychosocial-developmental difficulties of children in care

The most *critically important* of such difficulties, in terms of:

- Children's subjective experiences
- The impact on their present well-being and functioning
- Long-term impact extending into their adult lives
- Intergenerational impact

Are their ***mental health*** difficulties

The *scale* of their mental health difficulties

- Half of children in foster care score in the *clinical range* on one or more CBCL broadband or syndrome scales, while three quarters score above one or more *borderline range* cut-points

- Even higher problems among those in residential care …. while a little less for those in kinship care

- Some indicators suggest the mental health of children adopted from care in the UK resemble that of foster children in stable, long-term placements

The *forms* and *characteristics* of their mental health difficulties

- Interpersonal relatedness (attachment) difficulties are ‘hallmark’ features of complex psychopathology manifested by children in care

- Characterised by co-occurring attachment difficulties, relationship insecurity, various trauma-related symptoms, inattention / hyperactivity, conduct problems, defiance, and other less common difficulties, such as self-injury, food maintenance behaviours, abnormal pain response, and sexual behaviour problems

- Much of this not adequately conceptualised within standard psychiatric diagnostic systems

The most defining feature is not the *forms* of disturbance, but their *complexity* and *severity*

Mental health profiles from Children in Care study

Scale and Complexity

Normative difficulties	30%
Elevated, sub-clinical difficulties	15%
Clinically indicated symptomatology, consistent with standard diagnostic classification	35%
Marked and complex clinical symptomatology, inadequately conceptualised within standard diagnostic classification	20%

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What does this mean for these children?

- What is the felt experience of complex attachment- and trauma-related psychopathology?
- These children are doubly harmed!
- Lifelong developmental course, with lifelong implications for social, educational and occupational functioning
- Inter-generational transmission of trauma and attachment difficulties

Rates of meaningful change in mental scores over a 7-9 year-period for 85 NSW children in foster care

	Group A Sustained mental health	**Group B** Meaningful improvement	**Group C** No meaningful change	**Group D** Meaningful deterioration
CBCL total problems scale	*35%*	*27%*	*13%*	*25%*
ACC/ACA shared clinical items	*37.7%*	*24.7%*	*18.8%*	*18.8%*

What happens to children's mental health whilst growing up in care?

- There is no evidence that alternate care has a uniform, population-wide effect on children's mental health

- Rather than asking whether long-term care is generally therapeutic or harmful for the development of previously maltreated children, it is more important for us to understand …

…. for which children is care therapeutic, and for which children is it not?

To make sense of all of this we first need to understand the lives of children in care, and especially what causes their mental health difficulties

What causes their difficulties?

1. Pre-care adversity (exposure to chronic and severe maltreatment)

2. Within-care adversity (reverberating impact of ***impermanence***, and flawed care systems)

Effects of *pre-care* adversity

- The strongest predictor of the presence, severity and complexity of mental health difficulties is a child's age at entry into care, with entry at younger ages being protective.
- A strong linear relationship that is not confounded by other factors, including genetic and pre-natal risk exposures
- Age at entry into care provides a good approximation of length of post-birth exposure to severe social adversity, specifically child abuse and neglect.
- Consistent with cumulative trauma exposure models, and attachment theory

Effects of *within-care* adversity

- Quality of care, caregiver commitment, caregiver bonding
- Maltreatment in care
- Perceived placement security → children's and caregivers' felt security
- Placement instability (breakdowns and *planned placement moves*, including use of temporary care)

Unnatural childhoods …

… the extraordinary developmental risks encountered by children in impermanent statutory care

- The developmental risks encountered in impermanent care are systemically interconnected
- Complex interaction of child welfare practices, caregiver motivation, the child's experience of impermanence, and felt security
- The core problem: Children growing up without unconditional, life-long commitment by a loving family
- The state is a poor substitute parent!
- On almost every count, child welfare practice fails the test of *"what would I want for this child, if he or she was my child, or my grandchild"*
- I believe that future generations will view the present predicament of children growing up in care as a *historical wrong*

Unnatural childhoods …

A few examples

- ‘Professional caregiving’ versus ‘being a child’s parent’ – Alignment of agency and caregiver expectations
- Example of the state as parent – managing the risk of abuse allegations
- Emotional self-preservation

A *developmental approach* to child welfare and alternative care can manifestly improve the lives of children in care

It involves three broad sets of responses:

1. *Clinical and social interventions*, that seek to <u>repair</u> developmental harm for individual children, or to deal with negative outcomes caused by earlier casework decisions

2. *Developmentally-informed casework*, that seeks to prevent developmental harm for individual children

3. *Systemic and policy* responses, that seek to <u>prevent</u> developmental harm at a <u>population level</u>

Clinical interventions do not offer much promise

Most mental health interventions, including so-called 'evidence-based' interventions, *are neither designed nor modified* for these populations (the evidence base isn't valid for these children)

1. *Standard* psychological interventions (e.g. Cognitive Behaviour Therapy) are less effective with these populations
   - U.S. national longitudinal study measured no improvements in the mental health of children in foster care receiving psychological treatment

2. Yet to identify effective psychological interventions designed *specifically for this population*
   - E.g. RCT of Multidimensional Treatment Foster Care in England found those young people who were not seriously antisocial did better in regular care than MTFC

Why are clinical interventions less effective for these children?

- They don't take account of the necessary social conditions for recovery from complex attachment- and trauma-related disorders

- Mental health recovery is predicated on children's *felt security*!
  - Recovery is thus conditional upon long-term commitment by caregivers, and a shared family commitment to permanence – regardless of the child's legal status

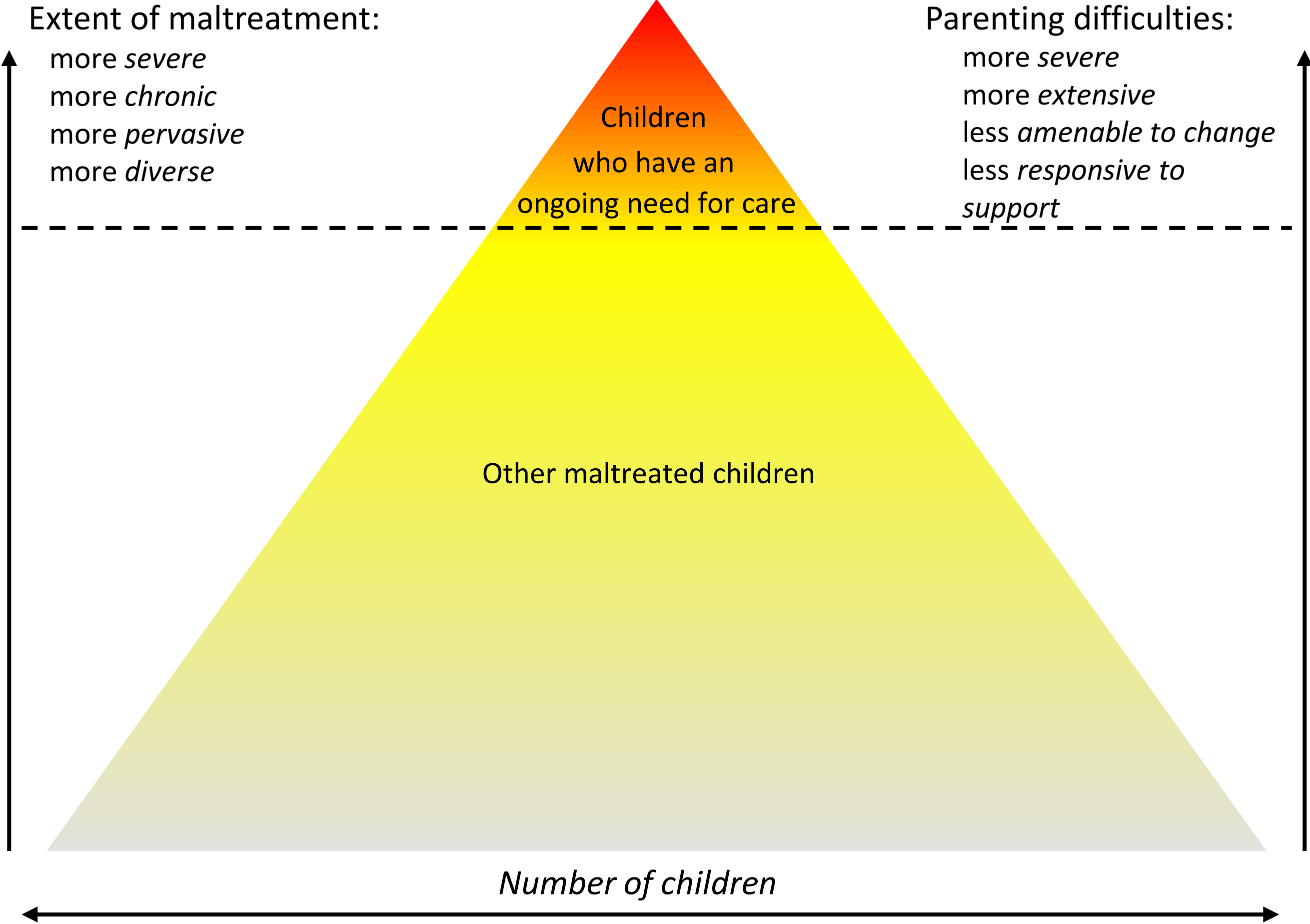
- Even with optimal social conditions, recovery from developmentally-based disorders is slow …. involving a change in developmental trajectory
  - At odds with CAMHS *acute care* service model
  - Recovery not measured by relatively short-term follow-up times in clinical effectiveness trials

The first great challenge of *developmental* child welfare

Identifying children who are in need of care at the earliest possible age, and intervening decisively

"The single most important intervention that can protect the development and well-being of children who have an ongoing need for care"

Child maltreatment pyramid



The second great challenge of *developmental* child welfare

Minimising children’s exposure to harmful psychosocial-developmental effects of impermanent out-of-home care

A case in point – the systemic and psychosocial dynamics of placement instability

Placement instability results in a *developmental cascade*

- Placement instability is the most harmful consequence of impermanent care
- Children entering care at older ages are more vulnerable
- Good evidence for bi-directional effects, but the psychology is complex
- Destructive feedback loop, involving complex, transactional mechanisms:

  Placement breakdowns reinforce the child's distorted and maladaptive representations of parents and caregiving → Further deterioration in mental health → More difficult to care for in subsequent placement, increasing likelihood of further breakdown …. *and so on*

- A ***developmental cascade***

Centrality of placement stability to developmental recovery

- Substantive, enduring recovery only possible within the confines of unconditional, loving care
- The most promising interventions focus initially on stabilising placements, an essential precondition for establishing enduring relationships
- Psycho-education demystifies children's attachment difficulties, and thus depersonalises caregivers experience of rejecting behaviours
- However, the carer's commitment to the child, and 'bonding' are crucial

Care stability rates in England

1. Stability of 'permanent' restorations – Two recent studies

Formerly neglected children restored to their birth parents care from foster care (N=138) (Lutman & Farmer, 2013)

- After 2 years, 59% maltreated and 50% returned to foster care
- 5 years after restoration, 65% had returned to foster care

Census data for 3872 children in the care of 7 local authorities (Wade, Biehal, Farrelly, & Sinclair, 2010)

- One-third of restored children returned to care within 6 months
- Two-thirds returned to care one or more times within 4 years of the initial restoration
- 81% disruption rate for children restored to drug or alcohol abusing parents

Care stability rates in England

2. Stability of long-term, legally impermanent care:

Longitudinal study of 374 children in 'long-term' foster care (Biehal, *et al*, 2009).

<u>After 7+ years:</u>

- 45% adopted, restored to birth parents, or residence order
- 32% remained with their same foster carers
- 23% had one or more changes of placement

3. Stability of permanent orders:

National 5-year disruption rates for three permanent orders (Selwyn, *et al*, 2014).

- Residence order = 14.7% (147 / 1,000)
- Special guardianship order = 5.7% (57 / 1,000)
- Adoption order = 0.7% (7 / 1,000)

Impermanence Theory

- Developmental-transactional theory of the psychosocial effects of growing up in a state of impermanent care… *a work in progress!*
- Existing child development theories are too narrowly focussed and unable to explain complexity of developmental processes
- This new theory employs a transactional and ecological framework to make sense of psychosocial influences and developmental pathways of children in care
- Attempts to explain and predict complex developmental, interpersonal and organisational-systemic mechanisms
- To be tested in a planned cross-national (multi-site), longitudinal study

Components of the model

A. Effect modifiers

- A.1. Pre-care developmental pathways
- A.2. Developmental timing of entry to impermanent care
- A.3. Transactional, within-care effect modifiers

B. Effect mediators

- B.1. Transactional, within-care effect mediators
- B.2. Transactional, systems-level effect mediation

C. Impermanent care effect drivers

- C.1. Social care system effect drivers
- C.2. Alternate family/carer effect drivers
- C.2. Birth family effect drivers

D. Psychosocial effects of impermanent care

E. Developmental-transactional effect mechanisms

F. Reinforcement of impermanence effect drivers

felt security

Impermanence theory proposes that *felt security* is the core psychological state that underpins placement stability, and is an essential pre-condition for longer-term therapeutic recovery

felt security

Children's *felt security* is undermined or constrained by the *legal*, *philosophical* and *historical* bases of statutory care systems throughout the developed world.

- Caregivers' qualified 'commitment' to children, is prescribed by the time-limited role of foster and residential care
- Aspects of care systems that embody our understanding of the '*state as corporate parent*'
- Caregivers' resulting felt insecurity, and powerlessness
- The lack of legally permanent relationships

The second great challenge of *developmental* child welfare

Minimising children's exposure to harmful psychosocial-developmental effects of impermanent care

How do we achieve this?

First …

ensuring wherever possible that children grow up with legally *permanent* caregivers

Second …

reform virtually every aspect of *impermanent* care systems with a view to maximising children's felt security, their sense of belonging, and their opportunity to benefit from more 'natural' childhoods

Both of these solutions require *radical reform* of statutory care systems, guided by both developmental and human rights principles

We need to examine every component of the care system that undermines relational permanence, including:

- The philosophies and values that guide alternative care legislation, policy and practice
- The role of long-term foster care, and foster carers
- The power relationship between the state and foster families

Closing thoughts …

We are in the midst of a generational shift towards a more *developmental child welfare* … that is gaining momentum, but not without resistance!

"For this shift to be realised, it has to occur as much in the minds of social workers, agency managers, and judges , as it does in written practice guides, government policy and legislation"

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