

Do placement stability and parental visiting lead to better outcomes for children in foster care?

Implications from the Australian Tracking Study¹

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The Australian Tracking Study (ATS) is a two-year longitudinal study. The study followed a sample of 235 children who had been admitted to care in South Australia between May 1998 and April 1999. Outcomes were measured using standardized behavioural scales that were completed by social workers.

The ATS provides an opportunity to examine some of the assumptions that drive policy and practice decisions regarding optimal foster care conditions. Two important assumptions are:

- placement moves are inherently harmful,
- family contact promotes reunification and psychological adjustment.

Are placement moves inherently harmful?

The psychological adjustment of foster children was measured by examining levels of emotionality, conduct disorder, and hyperactivity at four follow-up points after intake (entry into care): 4 months, 8 months, 1 year and 2 years. Findings from the ATS indicate that most children in foster care display improvements in their psychological adjustment while in care.

Table 1: Child Behaviour Checklist² average scores, intake to 8 months

Psychosocial adjustment	Intake	4 months	8 months
Conduct disorder (n=117)	0.72	0.64	0.55
Hyperactivity (n=112)	1.20	1.03	1.11
Emotionality (n=117)	1.05	0.95	0.84

(Lower scores indicate improvement.)

Surprisingly, these improvements can occur despite frequent placement disruption during the first eight months in care. Beyond the eight-month point, however, placement disruption is associated with psychological deterioration.

The basic explanation for this finding concerns change in the *reasons* for placement move up to and beyond the eight-month point. Many children change placement in the first eight months for positive reasons, such as to get closer to their families or to go to a better school. Beyond the eight-month point, however, those children who continue moving tend to do so because their foster placements break down. In other words, the concentration of difficult or distressed children is greater among those who move around for more than eight months than among those who move around for eight months or less.

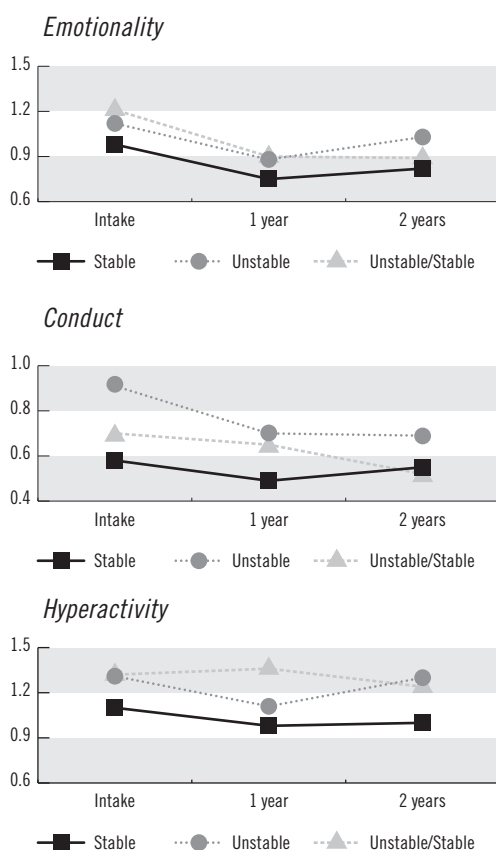
Almost 40% of the children in the ATS had one or more moves by the end of the first four months. At two years, 21% had moved during the past year, a quarter had remained stable during the past year, and 40% had returned home since the initial placement.

Of those remaining in care for two years, three distinct groups emerged. These groups include the stable, the unstable, and the unstable/stable. Stable in care refers to children who remained in the same placement during the entire placement period. Unstable in care refers to children who move placement

on one or more occasions during a given placement period and unstable/stable refers to children who have one or more placement moves during the initial placement period, but remain in a single placement for the duration of their placement period.

All three groups experienced improvements (lower scores) in emotionality when measured at the one-year follow-up point. All three groups also experienced a decline in conduct scores at one year when compared to intake; however, the unstable group had more conduct problems than any other group at each measurement point. A decline in hyperactivity occurred in the stable and unstable groups during the initial year of placement, followed by an upward trend in the unstable group by the two-year point. By contrast, the unstable/stable group showed an increase in hyperactivity during the first year followed by a decline in hyperactivity scores by the second year.

Figure 1: Average scores for emotionality, conduct, and hyperactivity



Source: Barber & Delfabbro (2004).

In the long term, the stable and the unstable/stable groups had the most positive outcomes. The children who continued to move in care, the

unstable group, had significantly more difficulties. At two years, this group had the highest scores for all three measures, suggesting poorer psychosocial adjustment. In short, it seems that the consequences of placement instability depend on the inter-related factors of how long and why it occurs.

Does family contact promote reunification and psychological adjustment?

Social workers were asked, at each of the four follow-up points, their opinions on whether family contact was beneficial to the parent-child relationship. Overall, family contact was seen as beneficial, although there was some variation in opinion at each of the four follow-up points.

Family contact and reunification

When rates of family contact throughout the study were examined, children in care were significantly more likely to experience an increase rather than a decrease in contact. In fact, of the 58 cases available for analysis at two years, 56.9% of children had an increased rate of contact. Direct contact with family was less likely for Aboriginal children (up to the one-year follow-up point) and children with hyperactivity when compared with non-Aboriginal and non-hyperactive children.

For all children, reunification is most likely to take place in the first four months, rather than in subsequent months of care. When family contact and reunification rates were examined, children who were in contact with their families at the four-month follow-up point were more likely to be reunified than those who were not in contact with their families. After children are in care for one or two years, however, there is not a strong relationship between frequency of contact and family reunification. Further, change in the amount of family contact was not associated with change in likelihood of reunification suggesting that family contact is not causally related to reunification.

Predictors of Reunification

By 24 months, approximately 40% of the 235 children in foster care in the ATS had returned home.

Children in Australian foster care, overall, are more likely to be reunified with their families if:

- they were taken into care due to parental incapacity (e.g., temporary factors like illness or detoxification).

Children are less likely to be reunified with their families if:

- they are Aboriginal,
- chronic neglect was the reason for apprehension,
- they live in rural areas.

Family contact and psychological adjustment

The question of whether more or fewer family visits would be helpful to psychological adjustment was also examined. The ATS compared changes in frequency of family contact and changes in psychological adjustment. Analyses at one and two years indicated no correlation between change in frequency of visits and change in psychological adjustment among foster children.

Continued family contact may even be detrimental for some children. Among a small sub-sample of children new to foster care, a significant association between direct contact with family and psychological deterioration was detected at the two-year follow-up point. These children were significantly more likely to exhibit poorer conduct, be more hyperactive, and have poorer emotionality scores than those who did not receive direct contact with family.

Summary

Results of this study clarify two assumptions in foster care placement. Regarding the assumption that placement moves are inherently harmful, the ATS indicates that up to the eight-month point placement moves do not necessarily detract from improvements in psychological adjustment. Whether or not psychological deterioration is associated with placement instability depends on the reason for disruption. After the eight-month point, placement disruption most often occurs among difficult or distressed children. Up to at least the eight-month mark, then, social workers should not be afraid to move children if their existing placement is unsuitable and a better alternative can be found.

Regarding the relationship between family contact and reunification, family contact is most strongly associated with reunification up to four months in care, but contact does not cause reunification. Generally speaking, children in foster care for up to two years do not experience diminished contact with family members. Increases or decreases in family contact after the four-month point do not appear to be related to the psychological adjustment of children in foster care.

Overall, children in foster care for two years experience improvement in psychological adjustment when compared with their status at intake.

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1. This information sheet is based on the peer-reviewed book, Barber, J., & Delfabbro, P. (2004). *Children in foster care*. New York: Routledge.
 2. Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist 4-18 and 1991 Profile*. Burlington: University of Vermont, Department of Psychology.

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