Out-of-home care: Practice and research between head and tail

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Abstract

Out-of-home care has a very high impact on children and their families. For this reason, careful preparation, planning and guidance for a stay in a foster family or residential care are necessary. The authors consider out-of-home care as a process with a start ('head') and finish ('tail'). These two phases in particular hold crucial moments of decision-making and professional support to clients. Attuning the 'head, body and tail' of out-of-home care to the needs of vulnerable children and families enhances the chances of positive outcomes. Research is presented that supports this central notion.

Key words: out-of-home care, placement, decision-making process

Introduction

Placing children[1] in out-of-home care occurs relatively often, especially when taking its 'drastic' nature into consideration (cf. Schwartz, 1991). Ten years ago, its percentage in the 12 EU countries amounted to 0.56% of the total number of minors (Knorth, 1998). More recent data yield percentages that fluctuate between 0.5% (UK) and 0.7% (Germany) of the current population of minors. A comparable percentage (0.7%) can be found in the USA (Knorth, 2003). Placing children in out-of-home care means that, for a shorter or longer period of time, they will be placed in a social environment other than that in which the upbringing normally would take place: their own birth family. It involves an alternative residence where 24/7 around-the-clock care is being offered. This can crystallize into two modes:

- placement in a *family* context: the child lands in a family foster care setting;
- placement in a *group* context: the child lands in a residential care setting.[2]

Placing children in out-of-home care has a tremendous impact, both on the young persons themselves (Eagle, 1994) and on the remaining members of the family (Jenkins & Norman, 1972). Such an intervention only takes place when the situation at home is threatening to the child's development and growth or when his or her functioning poses such a problem to the parents or society, that a continued stay at home is no longer desirable nor possible. In other words: there is no longer a good 'fit' between the child and his or her family.

This is one side of the coin. Opposed to the negative perspective of 'the situation at home is an intolerable one', also a positive perspective can be considered, in particular that out-of-home care involves an intervention with the intended purpose of letting the development of the child and the family take a favourable turn, in order to create new developmental opportunities (cf. e.g., Colton, Roberts, & Williams, 2002).

This last view was elaborated by, for instance, June Thoburn (1994, 2002). In this context, she took as a starting point the *needs* that are to be met in order for a child to achieve a positive development, namely:

- the needs basic for survival and growth, i.e.
  - adequate nutrition;
  - shelter;
  - protection from serious injury;
- the needs for emotional well-being, in particular
  - love;
  - security/stability;
  - new experiences.

In addition there are two special concerns for children who are separated from their parents and who are looked after by child and youth care agencies. These are that they need to experience:

- a sense of permanence; and
- a sense of identity.

Permanence means experiencing security, belonging, family life, being loved and having opportunities to love. *Identity* means knowing about birth family and past relationships, fitting the present with the past, having appropriate contact with important people from the past, and being valued as the person you *are*. Experiencing a sense of permanence *and* a sense of identity constitute the basis of a child's *self-esteem*, the main condition for growth and development.
The question that follows, according to Thoburn, is how the new living situation of a child can be organised in such a way that the aforementioned developmental conditions can be achieved at optimum. This, in fact, brings us to the issue of 'good practices' (or 'good enough practices', cf. Anglin, 2002) in relation to out-of-home care. The question is *which components* of a foster care setting or a residential setting have a wholesome effect on the development of children, and *whom* it affects (cf. Van der Ploeg, 1984).[3]

This then introduces two articles describing the 'body' of out-of-home care, which are published at the beginning of this special issue: an article by Maluccio on family foster care, and an article by Anglin on residential care. The other four papers can be considered 'head' (Backe-Hansen; Knorth, Metselaar, Josias, Konijn, Noom & Van Yperen) and 'tail' (Scholte & Van der Ploeg; Mann-Feder & White) of the out-of-home care placement process, and deal with topics that play a role, respectively, in the starting ('head') and finishing ('tail') of a placement.

Out-of-home care

The article by Anthony Maluccio (USA) presents a review of significant findings involving the residence of children and adolescents placed in family foster care, especially in the USA. In this country, placement in a foster family is the most often applied form of intervention (± 74%) compared to placement in a residential setting in case of out-of-home care.
Maluccio's review indicates that showing an understanding for the children's feelings (like confusion and rejection) and acknowledging their pain, helps them to adapt to the challenges of family foster care. If the children are given the opportunity to present *their* views with regard to their placement and foster care stay, if a connection with the birth parents remains established (by means of information, visits, et cetera), and if a clear division of roles in the counselling process is achieved, then these are some of the process characteristics that add to a positive course. The author further contends that good (goal-oriented) case planning and adequate service provision are factors that enhance the chance of a positive outcome. Research on outcomes, however, is still of limited extent and according to Maluccio deserves much more attention.

The second contribution in this section is by James Anglin (Canada) and involves a study of process characteristics in residential group homes. The aim of the author was to identify those factors and processes that mark well-functioning and less well-functioning settings. The study, performed according to the 'grounded theory method' by Glaser and Strauss, yielded an empirically founded framework that is generally applicable as a description of, and reflection on, residential care-giving processes. After an explanation of the research method used, the author presents his results, assembled in a comprehensive three-dimensional matrix. The first dimension refers to a trio of basic psychosocial processes: creating an extra familial living environment, responding to pain and pain-based behaviour, and developing a sense of normality. The second dimension concerns an exploration of the most significant modes of relation between persons within and connected to the group home that he labels 'interactional dynamics'. The third major dimension integrates the various levels of group home operation (such as child and family, worker and team, management) into the model. Anglin's study gives clinical work in group homes – under his identified conditions – a high degree of legitimacy.

Starting care

This issue of legitimacy is, albeit in a different fashion, also a point of focus in the next two contributions. Two reports of research on the beginning of out-of-home care, the placement phase, are being presented.

Elisabeth Backe-Hansen (Norway) conducted a multiple case study on the fashion in which professionals in child and youth care substantiate the proposition to realize a child's out-of-home care. The author focuses on young children from marginalized families, where substance abuse or neglect and abuse are in question. Using insights from decision theory, Backe-Hansen discovered two lines of reasoning in the written propositions for out-of-home placement:

- one in which a single – for the child – most unfavourable factor within the family life is well argued, such as substance abuse by one or both parents. The author named this the *trump card* strategy;
- one in which all kinds of combined data about the family are argued, conjuring up the image of an extraordinarily unfavourable and unsafe situation for the child. The author named this the *puzzle* strategy.

Both strategies were used about equally often in the cases under survey. According to Backe-Hansen, the 'puzzle type' fits the clinician's school of thought best.

While Backe-Hansen mainly approaches the basis of an out-of-home care placement as an issue of *justification*, a team of Dutch researchers – comprising Erik Knorth, Janneke Metselaar, Henna Josias, Carolien Konijn, Marc Noom and Tom Van Yperen – employ the *professionalizing perspective* (Knorth, Van den Bergh & Verheij, 2002) as a line of approach. In the first study about which they report, the premise was: do the so-called Indication-For-Treatment (IFT) statements, drawn up by professionals, include a clear relation between the nature of the child and family problems on the one hand and the proposed care on the other hand, including the choice for out-of home care for a child, or not? Also, the quality of IFT-statements is mentioned in a more general sense. In the second study, more specific quality criteria of IFT's are examined.
The research shows that the type of help proposed in IFT's gains the approval of a team of professionals in a distinct majority of cases. An 'approval' however does not mean that the team is always happy with the presented line of reasoning. An assessment of the IFT's by means of objective criteria (checklist) reflects a more unfavourable image than an evaluation by case managers. These professionals, in turn, are more critical in their assessment than clients.

An hypothesis in the article by Knorth et al. is that a well substantiated IFT-statement, carefully discussed with the client, yields a favourable starting point for the course of the care pro-

cess, and therefore enhances the chance of a positive outcome. Outcomes are the main topic of the latter two articles.

Finishing care

Evert Scholte and Jan Van der Ploeg (The Netherlands) give an account of a study on outcomes of youth with severe emotional and behavioural problems in out-of-home care. Based on previous research, they selected seven residential care programs, rated as 'promising'. In these programs, various methods of treatment are employed, leading back to four basic models: behavioural modification, psychodynamic therapy, experiential learning and a structured group living approach. The researchers followed a group of more than 100 adolescents for a year.
They ascertained that of those who 'hang on' to the treatment – there is 20% drop out – more than 75% show progress as perceived by the residential staff. However, judging by the scores of a behaviour checklist (CBCL), the results are less distinctly positive. The effectiveness of the programs is at its peak in the domain of the externalising behavioural problems. Notable is that those programs engrafted onto the model of behavioural modification performed least well. Despite the achieved progress, after a year's worth of treatment, many youth still appear to display quite a number of behavioural problems.

The study by Scholte en Van der Ploeg implies that a prolonged treatment and counselling process for adolescents with behavioural problems and placed in out-of-home care, is essential to ensure that their (re)integration in society has a chance of success. With it, the *finishing* of the stay in a residential program (but the same goes for the finishing of a foster family care stay) deserves special attention. This is the focus of the next article.

Using a qualitative research strategy, Varda Mann-Feder and Trish White (Canada) describe the results of three studies on the way in which adolescents, about to finish their stay in out-of-home care facilities and not returning to their families of origin, can be supported at the transition to independent living. In this, skill acquisition is emphasized (see also Spanjaard, Van der Veldt & Van den Bogaart, 1999), while much less attention is given to the need for emotional preparedness. The study makes eminently clear how children do need this *emotional component* in a supporting program. A section of the study in which adolescents in various stages of the transition period participate (departure planned within the next six months; departure in progress; out-of-home care finished) suggests that there is an obvious similarity between the sequence of emotional events experienced during the start and finish of out-of-home care. The young persons do need support well before the actual termination of a stay in a foster family or residential group. In practice, this is not always given.
The authors conclude that already during their stay in a foster family or residential setting, adolescents should be given the opportunity to explore some degree of autonomous functioning, that the preparations for their departure should be addressed well before departure, that the youth themselves should play an active role in the decisions at hand, and that they should receive guidance from consistent, supportive adults. Then, the achieved positive outcomes will take root.

Reflections on beforehand

To conclude this introduction, some outlines – interconnecting the contributions – will be sketched briefly along with some advice for further research.

Both Maluccio and Anglin draw attention to the *emotional pain* and desperation children and adolescents who are placed in out-of-home care are enduring, resulting in types of behaviour

which are not easily grasped nor coped with by foster parents or residential workers during their stay. This vulnerability is probably more significant during the two periods of transition that the children have to 'work their way through', and which – in a sense – form each other's mirror image: the phase of placement in and adjusting to the new environment, and the phase of finishing the stay with subsequent reunion with the family of origin or the start of alternate placement or independent living (cf. Mann-Feder & White). *Careful preparations* and *guidance* of the child and the parents during these periods of transition seem of utmost importance to achieve good and lasting results. More research is advisable, focused on identification of pivotal factors in the process of professional support.

The issue of careful and well-considered *planning* of an out-of-home stay can also be found in the contributions by Maluccio and Anglin, and more specifically in the papers by Backe-Hansen and Knorth et al. They emphasize the way professionals (can) justify or substantiate a proposition for out-of-home placement and the corresponding planning of care. This concerns a *decision-making process* that is the basis for further elaboration of individual care programs. In the sector of child and youth care, hardly any research on decision-making processes has been done (Jones, 1993). Considering the far-reaching nature of the decision for out-of-home placement, more focus of attention on this process in research is advised.

A connecting theme that sometimes 'pops up between the lines' in most contributions, is the *role of the client*. How can it be achieved that the adolescent receives and accepts an active part in making choices and decisions, inherent to a period of out-of-home care? And what role do the parents play? Active participation by those concerned is presumed to lead to better results: the offered care is better attuned to the client's individual needs, the client feels taken seriously, the drop-out rate decreases, and so on (cf. Knorth, Van den Bergh & Verheij, 2002). If, and under what circumstances, this presumption is correct deserves further study.

The including of clients in planning and evaluation of care giving processes (the latter, for example, to be found in the paper by Scholte and Van der Ploeg) can be considered as mobilising a so-called *non-specific* or *common* treatment element. This involves factors that precede or condition the application of specific therapeutic interventions, such as behaviour modification or family therapy techniques. One of the foremost non-specific factors is the relation between client and caregiver. In the care system for adults with psychosocial problems, relatively speaking, considerable research has been done on common factors. Its conclusions seem to indicate that common factors are at least as important, if not more important, than specific factors in order to achieve therapy results (cf. Hubble, Duncan & Miller, 2002). In the child and youth care system, especially in case of out-of-home care, hardly any data are present. We strongly advocate the necessity to put this high on the research agenda.

The paper by Scholte and Van der Ploeg on *outcomes* demonstrates that there *are* differences in effectiveness and success across programs. The fact alone that their study yields results that differ from the results of other studies makes it eminently clear that the continuation of outcome-study is most advisable. Related to this, there is an important issue of how much one can expect to happen within a placement versus what may take hold and bear fruit at a later date. That is, measuring outcomes immediately at termination of placement will not demonstrate the changes that will result in one, two, three or five years as a result of 'therapeutic seeds' sown in placement. In fact, we plead to engage in research in which children and adolescents are followed-up for a *longer period of time* – not only during the period of out-of-home placement, but also during the ensuing period (see also Maluccio).

Finally, we point out that in this special issue reports are being presented on the basis of many *different types of research*. Under discussion are the results of quantitative research (Knorth et al.; Scholte & Van der Ploeg) and qualitative research (Anglin; Backe-Hansen; Mann-Feder &

White). Both approaches and their specific methods yield insights that complement one another. This diversity benefits our knowledge of child and youth care.

All papers are written from the conviction that in specific circumstances, out-of-home care can make a positive contribution in promoting the developmental process of vulnerable children and adolescents, and therefore constitutes an indispensable part on the continuum of child and youth care facilities (cf. Hayden, 2003). We therefore wholeheartedly recommend the following papers for your perusal.

Notes

1. In this paper the term 'children' applies to younger as well as older children and covers the whole range of minors.
2. We do not consider a child's admission in a semi-residential care setting to be out-of-home care, since although the child is 'out-of-home' during the daytime for a number of hours, she or he resides at home during the night and the weekends.
3. Wolins (1974) introduced the term 'powerful environment' in this context, implying that to scientists and clinicians is the important task of identifying respectively activating those elements in a care giving context that have a wholesome influence or a positive impact on the growth and development of children with emotional and behavioural problems. Although this concept of powerful environment is already 30 years old, the mission it contains is, in our view, alive and still kicking.

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