

Editorial

Children and Families and the Care System

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The papers in this issue revisit the very important subject of children in public care, which *Child Abuse Review* most recently examined in a themed issue in 2014 (Appleton and Sidebotham, 2014). Significantly, the latest statistics on children looked after in England show a steady rise in the numbers of children in care since 2009, with 69 540 children being 'looked after' at 31 March 2015, 'and an increase of 6% compared to 31 March 2011' (DfE, 2015, p. 1). While this trend is not mirrored in Scotland or Wales, children in the public care system are recognised as being an extremely vulnerable group with high levels of need, particularly around emotional wellbeing and mental health (Bentley *et al.*, 2016/NSPCC, 2016). In the UK most children are placed with foster families, with other placements including children's homes, secure units, hostels, and with their parents under social care supervision. Children and young people enter the care system for different reasons, but for many it is as a result of abuse and neglect. The experience of being in care, as DEMOS (2010, p. 11) has noted, 'clearly serves some groups of children better than others' and there is considerable interest in the outcomes of young people's care experiences.

The first paper by Miriam Maclean and colleagues (2016) describe an important systematic review which examines health and wellbeing outcomes, by comparing maltreated children placed in out-of-home care (OoHC) to those being cared for at home. This well-conducted study clearly outlines eligibility criteria for inclusion of studies. The review included 31 papers from 11 cohort studies which had concurrent comparison groups of maltreated children in OoHC and those cared for at home by their parents. No randomised trials were included in the review and the studies covered a range of health and wellbeing outcomes including child or adult functioning, risky behaviour and health, including physical development and health problems.

The age of the children at recruitment and duration of follow-up varied across the studies, which as the authors note 'reduces comparability between studies...', but contributes evidence about the heterogeneity of effects by age' (MacLean *et al.*, 2016, p. XX). The authors rated only three of the 31 papers as low risk for selection bias (the highest quality studies) and these three papers from the

USA found no significant differences in outcomes for the two groups, or the outcomes were worse for the OoHC group. The remaining studies showed mixed results. As the authors note: 'most research has high bias risk, as children who enter OoHC have more disadvantaged backgrounds and higher risk for poor outcomes than other maltreated children' (Maclean *et al.*, 2016, p. XX). This review highlights that there are few high-quality research studies examining OoHC and this paper provides a very useful discussion about some of the methodological problems associated with current evidence.

In a previous issue of *Child Abuse Review*, Nina Biehal's (2014) systematic review of maltreatment in foster care provided a helpful overview of the topic, including the importance of distinguishing allegations of maltreatment from those around poor standards of care. Biehal (2014, p. 58) has also highlighted that maltreatment in foster care is not always caused by foster carers, 'although the evidence suggests that foster carers are responsible in the majority of cases.' The paper in this issue by Christine Barter and Eleanor Lutman (2016) explores the important issue of negative peer interactions in foster care, a feature which has been highlighted by looked after children and young people, but where there is little research evidence. This paper describes a qualitative study conducted using focus group interviews and involving 32 foster carers (26 females and 4 males) from three different foster care support groups. Participants had been fostering children for between 2 and 43 years. Although this was a small exploratory study, the study provided evidence that the main concern of foster carers was the impact of their foster child's behaviour on the other children in their household. In particular, participants were concerned about 'both direct violence from foster children towards the foster carer's birth children and the effect of witnessing a foster child's aggression and violence towards their parent' (Barter and Lutman, 2016, p. XX). Some participants also discussed the requirement for greater professional recognition of the impact of fostering on birth children, in particular around peer violence and intimidation, and may feel that their needs remained unacknowledged by professionals sometimes leading to resentment and jealousy. Surprisingly 'only a few participants stated that they consulted with their birth children about accepting a new foster child' (Barter and Lutman, 2016, p. XX). Barter and Lutman's (2016, p. XX) other findings centred on the perceived pressure on foster carers 'to accept increased numbers of foster children, due to the shortage of foster care providers in the area', a lack of information at referral around a child/young person's negative peer interactions, negative views about social worker support and inadequate external interventions/supports. The authors conclude for children and young people to recover from previous troubled and abusive family experiences 'it is essential that both their needs and the needs of other children in the fostering placement are formally

acknowledged and met' (Barter and Lutman, 2016, p. XX). This paper provides a timely reminder of the need to consider all children's needs in a fostering household.

The third paper in this issue by Daniel Wilcox and Clark Baim (2016) investigates a different aspect of the care system. This paper examines how attachment theory, focussing on Crittenden's (2010) Dynamic-Maturational Model (DMM) of Attachment and Adaptation can be used as a framework for assessment and planning interventions with children in care and family proceedings. Attachment theory is being increasingly employed to understand the problems faced by children involved in care proceedings and in foster care. This issue was also highlighted in Kerr and Jill Cossar's (2014) systematic review which explored the perspective of foster and adoptive parents' use of attachment interventions in the treatment of children's emotional and behavioural difficulties. In this paper Wilcox and Baim (2016) present two useful case examples to illustrate different insecure attachment styles, the complexity of assessing attachment in different family circumstances and the need for alternative approaches to intervention. One of the cases focuses on a 12-year-old girl who has experienced extensive neglect, while the other focuses on an 8-year-old girl and her mother who was diagnosed with Borderline Personality Disorder (BPD) and has a history of physical and sexual abuse and violent adult relationships. Readers will find these cases helpful in identifying different attachment styles as described in the DMM.

In a second paper looking at maternal BPD, Sarah Laulik and colleagues (2016) report on a small cross-sectional study which was undertaken to explore the relationship between maternal personality disorder and child maltreatment, focussing on a sample of mothers involved in care proceedings. This paper provides a very useful overview of BPD and the associated parenting difficulties. Laulik *et al.* (2016) undertook a retrospective case file analysis using data from the psychological reports of mothers who had undertaken court-mandated psychosocial assessments. 'Diagnosis of BPD was undertaken by the second author, a chartered forensic psychologist using semi-structured clinical interview data and information from social services documentation, medical records, psychiatric assessments and other professionals' reports' (Laulik *et al.*, 2016, p. X). Adult attachment style was analysed and interpreted using the Dynamic-Maturational Model of Attachment (Crittenden, 1997).

The study sample included 46 mothers (13 already had or were diagnosed with BPD), 15 had significant but subclinical features of BPD and 18 had no BPD features. The study results found that all mothers with a diagnosis of BPD self-reported having experienced physical abuse in childhood and nearly half had been in care as a child. Results revealed that maltreating mothers diagnosed

with BPD were more likely than mothers with BPD features or no significant features of BPD 'to have engaged in the perpetration of physical and multiple (physical abuse and neglect) types of child maltreatment' (Laulik *et al.*, 2016, p. XX). Thus the authors conclude that maltreating mothers with BPD are 'a particularly traumatised group' (p. XX) and tentatively suggest that they 'may represent a particularly high risk subgroup' (Laulik *et al.*, 2016, p. X). Of particular interest was the fact that only one of the mothers had received a formal diagnosis of BPD, so the authors suggest that 'mothers in maltreating families may present with an undiagnosed (and thus untreated) PD' (p. XX). They therefore recommend that caregivers involved in care proceedings should undergo psychological assessment including assessment of personality (Laulik *et al.*, 2016). While the authors readily acknowledge the limitations of this small study, they do make some useful suggestions for treatments around targeted interventions to promote maternal sensitivity and to address personality characteristics that create risk for the child and caregiver.

All the papers above highlight some of the interesting challenges of working with children and carers in the care system. Our final paper in this issue of *Child Abuse Review* by Ashling Bourke and Catherine Maunsell (2016) takes a different topic and examines the impact of mandatory reporting for teacher education in Ireland. As well as exploring mandatory reporting and the teacher role in child protection, the paper also discusses some of the implicit and explicit barriers to reporting, such as lack of staff knowledge about child abuse and neglect and implicit barriers such as an individual teacher's belief system for example, 'teachers' judgments about the harm of reporting outweighing the benefits' (Bourke and Maunsell, 2016, p. XX). We feel this paper will be of particular interest to readers at the current time, as The Home Office and Department for Education in England are conducting a consultation to seek views on the possible introduction of one of two new potential statutory measures: either a mandatory reporting duty, or a duty to act for certain practitioners and organisations who know or have reasonable cause to suspect that abuse or neglect is taking place.

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