

Guest Editorial

Remembering What the Big Friendly Giants Said: To Understand Outcomes, You First Need to Understand Context

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“For me context is the key – from that comes the understanding of everything.” Kenneth Noland, American painter, April 10, 1924–January 5, 2010

In May last year, I was preparing materials for social workers on a Post-Qualifying course in Child Care at Queen's University Belfast. The module I was helping with was examining outcomes for children in care and I wanted to set my own research findings within an international context. That is when I first came across Ainsworth and Hansen's (2014) article in *Children Australia* questioning the use of family foster care for vulnerable children. To be honest, I nearly fell off my chair when I was reading it. It was clear that the article was written with the intention of stimulating debate, but it did argue quite strongly that the apparent weaknesses in the family foster care system suggested that it was not fit-for-purpose, and was either not improving outcomes for vulnerable children, or making things worse. The suggestion was that children might be better off remaining at home, with supports, in the context of 'less-than-optimal parental care' (Ainsworth & Hansen, 2014, p. 1). This really concerned me for a number of reasons.

First, in the almost twenty years that I have been researching the lives of care experienced children¹, speaking to the children themselves, their birth parents, carers and adoptive parents and social workers, and extensively reviewing social work case file material, I had never once come across an incidence of a child entering the care system due to less-than-optimal parenting. For me, this conjures up notions of children perhaps not being given enough reading material at home, or watching too much television. However, the young children whose early lives I was familiar with had not entered care due to this type of minor parental failing, but as

a result of experiencing significant harm, or being at a risk of experiencing significant harm, more often than not as a direct or indirect result of their parents' actions or inactions. Thus, I felt that the use of the term less-than-optimal parenting was quite inappropriate in the context of children's entry to care.

Second, despite our doubts as academics, as to whether or not anyone ever takes anything that we write seriously, social care and legal practitioners actually do read our work, or so I have been told. Once material is published it becomes, to some degree, legitimised, and that is when things can get a bit concerning. This is because the arguments such as those developed by Ainsworth and Hansen in their article could be presented in Court as justification for the non-removal of at risk children from their birth parents. And it is further concerning when the evidence presented for a particular perspective may be flawed.

Third, the presentation of evidence in the article was particularly lacking in context. I was extremely fortunate as a young academic, not long after the completion of my PhD in 1999, to join a relatively new research unit (Centre for Child Care Research) in Queen's University Belfast that was developing a number of longitudinal studies aimed at addressing some of the key questions in contemporary childcare. One of these was a longitudinal study of children in care, namely the Care Pathways and Outcomes Study, which I was fortunate to lead from 2003. My good fortune was amplified by the fact that the work of the Centre was being overseen at that time by some of the leading scholars in the field, such as Professor Sir Michael Rutter, Professor Ian Sinclair, Professor Dorota Iwaniec, Professor John Pinkerton and Dr Greg Kelly, from whom I learned so much. Talk about walking on the shoulders of giants!

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74 Although I greatly admired all the members of this es- 130
 75 teemed group, as a psychologist, I was particularly influ- 131
 76 enced and inspired by the work of Michael Rutter. At that 132
 77 time, he had just published his now seminal paper on chil- 133
 78 dren in substitute care (Rutter, 2000). If you have never read 134
 79 this paper, I would strongly recommend that you do. This 135
 80 focuses on a range of conceptual considerations and research 136
 81 implications. A key argument developed in his paper was 137
 82 that in order to fully understand outcomes for children in 138
 83 care, you need to fully understand the context of their lives, 139
 84 their individual journeys, why they entered care in the first 140
 85 instance, what they experienced prior to entry to care and 141
 86 what happened to them whilst in care. The power of this 142
 87 argument has stayed with me ever since and has acted as a 143
 88 guiding principle in the ongoing development of the Care 144
 89 Pathways and Outcomes study. Unfortunately, it was this 145
 90 type of contextualised perspective that was missing from 146
 91 the Ainsworth and Hansen article. 147

92 Consequently, I and my colleague Montse Fargas Malet 148
 93 submitted a commentary to *Children Australia* challeng- 149
 94 ing the conclusions of the Ainsworth and Hansen arti- 150
 95 cle, and this was published last year (McSherry & Fargas 151
 96 Malet, 2017). This then encouraged further discussion be- 152
 97 tween myself and the journal editors, Jennifer Lehmann and 153
 98 Rachael Sanders, about the possibility of building upon the 154
 99 commentary and preparing a Special Issue to develop our 155
 100 understanding of outcomes for care experienced children – 156
 101 and the rest, as they say, is history. This special issue, then, 157
 102 presents six papers that aim to further our understanding 158
 103 of outcomes for care experienced children. They range from 159
 104 understanding the impact of early adversity (Hambrick, 160
 105 Brawner, & Perry) to post-care outcomes (Van Breda). 161

106 The first paper is a commentary by John Simmonds 162
 107 which discusses the foster care system within its histor- 163
 108 ical context, and establishes the tone for the issue through 164
 109 thoughtfully unpicking a complex array of issues that need 165
 110 to be considered when attempting to fully understand out- 166
 111 comes for care experienced children. The paper acknowl- 167
 112 edges that children in care are not a homogenous group 168
 113 and that outcomes will vary, often as a function of age at 169
 114 entry, reason for entry and duration of care. The paper em- 170
 115 phasises that “foster care is an opportunity to re-establish a 171
 116 framework of resources that enable recovery for the child”. 172
 117 However, it cautions against the common practice of re- 173
 118 moving social work support for these young people as they 174
 119 leave formal care and enter adulthood because this risks 175
 120 undermining any positives achieved up to that point. 176

121 The second paper by Erin Hambrick, Thomas Brawner 177
 122 and Bruce Perry examines developmental adversity and 178
 123 connectedness affecting child welfare-involved children. In 179
 124 addition to also highlighting the heterogeneity of welfare- 180
 125 involved children, it provides a fascinating account of the 181
 126 usefulness of utilising a neurodevelopmentally informed ap- 182
 127 proach to intervention, namely the Neurosequential Model 183
 128 of Therapeutics (NMT), to inform policy and practice re- 184
 129 garding welfare-involved children based on an analysis of 185

risk, connectedness and neurodevelopmental functioning. 130
 Their findings highlighted that although early life develop- 131
 mental risk has a persistent effect on future functioning, 132
 relationally supportive contexts may mitigate these risks. 133
 They conclude that the quality of children’s relationships is 134
 central to positive longer-term outcomes, and that the fo- 135
 cus for policy and practice should be upon improving the 136
 quality of these relationships, regardless of placement type. 137
 This mirrors findings from the Care Pathways and Out- 138
 comes study that the quality and longevity of relationships 139
 for young children in care are more important for positive 140
 outcomes, in terms of attachment and self-esteem, than the 141
 social or legal definition assigned to the placement, i.e., fos- 142
 ter care, kinship care or adoption (McSherry, Fargas Malet, 143
 & Weatherall, 2016). 144

145 In keeping with the commentary of the previous two 146
 147 papers, the third paper by Anouk Goemans, Mitch Van 148
 149 Geel and Paul Vedder builds on the theme of variability in 149
 developmental outcomes for foster children, mostly result- 150
 ing from the heterogeneity of the care population. They 151
 reflect on the findings from a series of meta-analyses, which 152
 indicate that once in care, children’s functioning in terms 153
 of their cognitive, adaptive and behavioural development 154
 does not appear to change. How might these findings be in- 155
 terpreted? The indication is that child functioning does not 156
 improve significantly when in care, nor does it deteriorate, 157
 but remains steady. It is also worth bearing in mind that 158
 children’s entry to care tends not to be driven by concerns 159
 regarding their functioning, but about risk of significant 160
 harm. So, it could be argued that removing children from 161
 significant harm or the risk of significant harm, without 162
 impacting their overall functioning, is a positive outcome. 163
 Goemans, Van Geel and Vedder conclude that, due to the 164
 heterogeneity of the care population and the lack of an ac- 165
 curate model for predicting foster children’s development, 166
 there is a need for greater screening and monitoring of their 167
 development from entry to care. If possible this should 168
 begin prior to entry when the child first comes into contact 169
 with the social care system and initial child protection 170
 processes commence. Such systems would enable timely 171
 identification of those foster children at greatest risk of neg- 172
 ative developmental trajectories. This echoes recent calls for 173
 greater use of screening for children entering the care system 174
 in Northern Ireland using Goodman’s (1997) Strengths and 175
 Difficulties Questionnaire (SDQ) (McSherry et al., 2015), 176
 as is currently the case in England and Wales, as well as for 177
 those systems currently in operation in England and Wales 178
 to be further developed (Bazalgette, Rahilly, & Trevelyan, 179
 2015). The authors propose the Brief Assessment Checklist 180
 (BAC) (Tarren-Sweeney, 2013) as an alternative screening 181
 measure to the SDQ on the basis of their own experience 182
 of successfully using the measure with a Dutch sample 183
 of foster children (Goemans, Tarren-Sweeney, Van Geel, 184
 & Vedder, 2017). 185

186 Paper four comes from myself and my colleague Montse 187
 188 Fargas Malet, in which we attempt to disentangle to some 189
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186 degree the concepts of placement stability and relational
 187 permanence. The findings are from the initial stages of the
 188 fourth Wave of the longitudinal Care Pathways and Out-
 189 comes study, which is being funded by the Economic and
 190 Social Research Council (ESRC) in the United Kingdom.
 191 The findings reinforce the contemporary literature regard-
 192 ing the capacity of adoption to provide very high levels of
 193 stability through early adulthood for children who enter the
 194 care system at a young age, and that levels of stability are
 195 lower for those who enter long-term foster-care and kinship-
 196 care placements. However, although lower than adoption,
 197 the levels of stability in long-term care are still considered to
 198 be high, particularly, if one tracks back over a 9-year, rather
 199 than a 14-year period. However, it is acknowledged that it
 200 can be difficult to maintain long-term placements in foster
 201 care due to systemic pressures on these placements, such as,
 202 leaving care planning processes that can commence as early
 203 as when the young person is 14 years old.

204 A key finding of the study at this early stage has come
 205 from interviews with young people (aged 18–22 years) and
 206 their parents/carers. For those placements that had broken
 207 down (6 of 30), in all but one the relationships with the
 208 carers had continued after the breakdown and persisted
 209 currently, with each of the young people indicating that
 210 they remained part of the family and considered their carers
 211 to be their parents. These findings suggest that the focus
 212 on placement stability overlooks the nature of relationships
 213 within these placements, and that physical endings do not
 214 always directly result in relational endings. As was high-
 215 lighted by Hambrick, Brawner and Perry, it is the quality of
 216 the relationship that appears to matter most.

217 In paper five, Nikki Luke and Aoife O’Higgins provide
 218 compelling evidence from a systematic review and National
 219 Database that, despite the multiple pieces of evidence of a
 220 marked attainment gap between children in care and their
 221 non-care peers, this can be mostly accounted by factors other
 222 than being in care. In their analysis of National Database
 223 data, the authors disentangle children’s educational perfor-
 224 mance and care status by comparing groups of children who
 225 have been in care (for varying lengths of time), children in
 226 need who were not in care and children who were both not
 227 in need and not in care. They found that although children
 228 in care performed more poorly than those who were both
 229 not in need and not in care, they performed better than
 230 children who were in need but not in care and living with
 231 their birth parents, with this difference increasing the longer
 232 the period spend in care. In keeping with the conclusions of
 233 other contributors to this issue, they argue that their find-
 234 ings on the impact of care duration reflect the heterogeneity
 235 of the care population and the importance of considering
 236 the needs of different groups.

237 The issue concludes with a paper from Adrian Van Breda,
 238 which develops a highly reflective perspective on the re-
 239 lationship between care factors and post-care outcomes.
 240 He presents findings from a residential care programme in
 241 South Africa, which indicate that demographic, pre-care and

in-care variables all contribute to one-year outcomes. How-
 ever, he explores these findings in a way that enables him
 to foreground the complexities in interpreting longitudinal
 outcome data on leaving care. This discussion very help-
 fully flags key considerations and challenges for researchers
 working in this complex area in other countries globally.

Although this collection of papers has come from aca-
 demics working across a range of countries, with different
 legislative and policy frameworks, and reflecting a diverse
 range of research methodologies and questions, two consis-
 tent themes have emerged: the importance of relationships;
 and the need to reflect the heterogeneity of the care pop-
 ulation when considering outcomes. For me, both these
 themes reinforce the importance of context. In terms of re-
 lationships, examples of contextual considerations would be
 the following: what were these like before the child entered
 care? Were these sustained or allowed to diminish after en-
 try? Were new relationships developed and nurtured whilst
 in care? To what extent did the quality of these relationships
 impact upon the child or young person’s decision-making
 over time? In terms of heterogeneity, examples of contex-
 tual considerations would be the following: when did the
 child enter care? What were the reasons for this entry? How
 long did he/she remain in care? Was he/she male or fe-
 male? What was his/her ethnic origin? Did he/she have a
 disability? What services were available to him/her whilst
 in care or to his/her carers? What was his/her experience of
 school? Was he/she prepared for leaving care? Was he/she
 supported after leaving care?

The collection of papers presented in this issue has fur-
 ther demonstrated that a multitude of contextual factors
 need to be considered when attempting to draw conclusions
 about outcomes for care experienced children. We need to
 link these factors up in ways that allow us to feedback to
 the care system, so that we can learn when and where chal-
 lenges and opportunities emerge, and use this information
 to improve provision for this vulnerable group of children.
 This is not a task for the faint-hearted, but these children
 are worth the effort.

Endnote

- 1 The term ‘care experienced children’ is becoming increasingly
 commonplace within the literature in the UK and Ireland, as it
 allows for children who have left the care system, perhaps through
 adoption or returning to birth parents, to be considered alongside
 those who remain within the care system.

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