

Placement History of Foster Children: A Study of Placement History and Outcomes in Long-Term Family Foster Care

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The files of 419 children in family foster care and kinship foster care were used in a retrospective longitudinal design study that examined their placement histories in child welfare. Significant associations were found between the number of placements on one hand, and the prevalence of attachment disorders, severity of behavioral problems, and breakdowns of new foster care placements on the other hand. It appears that a breakdown can be predicted to a certain extent, the implications of which are discussed.

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The importance of a stable rearing situation is emphasized in a wide range of agreements and laws. The International Convention on the Rights of the Child of 1995, Article 20.3, states that when a child is placed out of home, "due regard shall be paid to the desirability of continuity in a child's upbringing." Family foster care in the United States is regarded as a time-limited form of care where preparations are made for the child's permanent placement (Maluccio, 2003). This permanent placement may be the child's home situation. If this cannot be realized within a period of 22 months, the foster child will be made eligible for adoption or the child will be placed with a relative who will be given custody of the child (e.g., Child Welfare League of America [CWLA], 1995).

The American Adoption Safe and Families Act of 1997 mandated the development of a system that measures the performance of care providers. One of the performance indicators is the number of placements a child has experienced in the period of youth care. The idea of this indicator resulted from policymakers' anxiety over the foster care drift. The term *foster care drift* is used when a child moves from one placement to the other without the prospect of a permanent residence (i.e., return home, adoption or in kinship foster care). Research results from youth care studies in the United States, the United Kingdom, and Australia acknowledge the prevalence of foster care drift. Because of the concern over drift, long-term family foster care is hardly considered an option in the United States (Stein & Gambrell, 1985).

The Netherlands has two modules of family foster care. Foster care as a short-term module is aimed at treating a child or parent for the purpose of returning the child to his or her birthfamily. Long-term foster care can be provided until the age of 18, centering

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on the continuity and the child's right to a stable rearing situation (Trillium, 2000).¹ There is clearly a significant difference between long-term foster care in the United States and in the Netherlands. This article focuses on the stability of long-term placements.

Terminology

The Dutch Youth Care Act and the American Adoption and Safe Families Act offer support for a stable rearing situation for the foster child. There is, however, no universal definition of the concept of a stable rearing situation of a child that lives out-of-home (Strijker, 2006).

Instability of a rearing situation can be operationalized by observing the number of experienced placements by the child within a specified time interval between and within providers of child welfare. For example, Barber, Delfabbro, and Cooper (2001) defined instability as the situation in which the child has experienced two or more foster placements or other placements within four months. Pardeck (1984) described as unstable a situation in which a child has experienced three or more placements, although his description lacks the time span in which these placements are taking place.

In addition, no clear-cut definition of the term *placement* can be found in research literature. According to Vogel (1999), the term placement is used when a child stays in the same care facility for at least 30 days, regardless of any brief stays in the home situation during placement. Usher, Randolph, and Gogan (1999), however, claimed that placement ends as soon as the child has stayed somewhere else, even for a single night.

Furthermore, researchers strongly disagree as to the area of research. Delfabbro, Barber, and Cooper (2002) limited their study to movements of children within foster care, whereas Usher et al. (1999) included children's movements from family foster placement

¹ The terms *foster care* and *family foster care* both refer to (temporarily) rearing a child in a nuclear family which does not include the (biological or adoptive) parents of the child.

to residential facility or from youth detention center to foster family care. This study defines placement as each movement between places to stay without the presence of parents.

A placement can be terminated according to the case plan but also unplanned. In this case, the termination of placement is not part of the care program, and the child is in need of a placement elsewhere. A situation like this is defined as a *placement disruption*—“An unplanned change in foster placement made in response to a demand for replacement by a child’s caregiver” (Proch & Taber, 1985, p. 309), and *breakdown* “The unplanned removal of children from foster care” (Stone & Stone, 1983, p. 11). In this study, the variable outcome of care consists of the categories *continuation of placement* and *breakdown*.

Consequences of Movements

The literature shows that when a child repeatedly changes from one environment to another, it may have great consequences for the child’s well-being and functioning. In addition, a disrupted placement also has consequences for foster parents and care providers as well. The consequences of replacements within the care system are described for the foster child, foster parent, and provider of foster care.

For the foster child that moves from one place to another, earlier social relations will be lost. Moving to another place involves adapting to a different social and physical environment: learning new house rules, adapting to new residents, often going to a new school, and developing a new social network. Proch and Taber (1985) consider this adapting to a changing environment a disruptive factor in the child’s development. In addition, it may prove impossible to resolve conflicts between parent and child (one of the factors contributing to the child’s out-of-home placement) that eventually led to the child’s out-of-home placement. Reunification with the birthfamily cannot be considered if these conflicts remain unresolved (see Biehal, 2006; Knorth, Knot-Dickscheit, & Tausendfreund, 2007). In other words, if a child has

to keep moving from one place to the other, there will be less chance of the child's reuniting with his birthfamily.

Another consequence for the child is that replacements lead to an increase in externalizing problem behavior (Newton, Litrownik, & Landsverk, 2000). There is supposedly a two-way relation. Replacements and the child's growing sense of detachment resulting from these placements will trigger more acting out and externalizing behavior in the youth. In turn, this type of behavior will increase the chance of a breakdown to the point when caregivers can no longer cope with the situation.

A possible consequence of the changing of placements is that the child is prevented from developing a loving relationship to make an attachment with his foster parents (Singer, Doornenbal, & Okma, 2002) and that the child will develop a reactive attachment disorder. If the child experiences a breakdown, he will feel rejected by his foster parents and in the end he may lose all trust in adults (Sroufe, 1990).

A consequence of a disruption or breakdown of placement for the foster parent may be that he or she will experience a sense of failure and will then decide to stop fostering altogether (Denby, Rindfleisch, & Bean, 1999). The foster care provider, in turn, will have to look for a new placement for the child. Generally speaking, much time is invested in helping the foster child and his new foster parents. In addition, attention should also be given to the child's former foster parents, which is also time-consuming and potentially stressful (Strijker, 2006).

A foster child's replacement—certainly when it occurs more often—undoubtedly has negative consequences for all those involved. The question is whether we can identify the factors that predict a replacement. In doing so, we could then work on a policy focused on preventing replacements and their negative effects.

Research Questions

First, our aim is to investigate the placement histories of foster children. How many placements have they experienced before their

current foster family placement? The results from the present study will be compared to those from international research outcomes.

International studies show a wide range in number of replacements. Leslie, Landsverk, Horton, Ganger, and Newton (2000) reported an average of 4.2 placements within 1.5 years, and Pardeck (1984) reported an average of 1.9 placements within 1.7 years. By breaking down the group of foster parents to foster parents and kinship foster parents, it can be examined whether kinship foster parents can be associated with a lower average of placements, as suggested by the literature (Leslie et al., 2000; Sallnäs, Vinnerljung, & Westermarck, 2004). "Kinship care is the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, or other adults who have a family relationship to the child" (Child Welfare League of America, 2000, p. 11). A kinship parent is an adult who already has a relationship with the child before placement. In the foster family, there is no relationship between adult and child prior to placement.

Our second research aim is to examine the relationship between the placement history of children and the three factors that have emerged as predictors of replacements, notably age, duration of care and problem behavior. It appears from research that on average older children and those who are longer in care experience more replacements (Barber & Delfabbro, 2002; Pardeck, 1984; Proch & Taber, 1985; Wulczyn, Kogan & Harden, 2003). Furthermore, it appears that children with externalizing problem behavior or behavior indicative of an attachment disorder have experienced more replacements than others (Barber & Delfabbro, 2002; Newton et al., 2000; Palmer, 1996; Proch & Taber, 1985, Sallnäs et al., 2004; Teare, Larzelere, Smith, Becker, Castrianno, & Peterson, 1999). There are indications that children with attachments disorders are, relatively speaking, more often placed in residential care than in foster families (Knorth, Harder, Zandberg, & Kendrick, 2008; Van Ooyen-Houben, 1991). Proch and Taber estimated that the duration of care explains 16% of the variance in the number of placements. According to Newton et al., the factor severity of problem

behavior explains between 6.6% and 9.7% of the variance. No percentages have been computed for the effect of age.

The third question pertains to the course of a child's current foster family placement at the time of study. Is there continuity in the placement or will it be disrupted, and how (well) can we predict its course? International research literature reported break-off percentages between 22 and 85 over a period of one to five years (Barber & Delfabbro, 2003; Delfabbro et al., 2002; Kallan & Sinkkonen, 2001; Palmer, 1996; Usher et al., 1999; Wulczyn et al., 2003).

We will examine the predictability of the placement course according to the variables of age, behavioral problems on admission, and placement history. This kind of information can be easily obtained from the files at the time of admission. We are particularly concerned whether the number of placements can help predict the course of a family foster care placement, in addition to the other prediction factors. If this is the case, the child's placement history can be considered a clinically relevant factor for making the prognosis of a foster child's placement. In addition, we are also examining to what extent the prediction model with the three variables mentioned is able to correctly classify the course of a family foster care placement (terminated as breakdown vs. continuation).

Method

Sample

The sample consists of a cohort of all foster children aged 0 to 18 ($M = 9.9$, $SD = 5.5$), who were admitted to long-term foster care in the period from September 1, 2000, to June 1, 2004, with five providers of family foster care and kinship foster care in the district of North Netherlands ($N = 419$). The majority of the children (52.9%) are in foster family care, a slightly smaller part (47.1%) in kinship foster care. The sample was 49.9% boys.

Design

A retrospective longitudinal design was applied to establish correlations between the placement history and the severity of problem behavior on admission, the severity of behavior problems during placement and the outcome of care (within the research period). This means that data of the children were collected prior to and during placement. On average the children in the current foster placement were followed for two years and four months. The children whose data could be obtained had remained in their foster family or kinship foster family for at least six months at the time of study.

Data Collection

All of the information was obtained from files of the foster children. The foster care worker was asked (usually by telephone) to provide any necessary information that was missing from the files. The research data were gathered on location by 10 masters students from the Department of Special Needs Education and Child Care (University of Groningen), who were fulfilling internships or were otherwise involved with the foster care providers. The first author was present on-site to support each student during data collection and had trained them in file analysis. The students also had a protocol of decision rules for processing the information. They were instructed to use a consensus procedure to assign scores to the file information for situations in which there was the slightest doubt. In this procedure, scores for the information in question were determined in consultation between the intern and the research supervisor.

Instruments

A movement is described in this study as each transfer of a child to another placement without his parents. Strictly speaking, this description does not include the child's return to his birthparents. As suggested by Farmer, Moyers, and Lipscombe (2004), the child's

return home can still be counted as a replacement, considering the fact that the birthfamily has often changed because of the family's changed social structure, new environment due to moving house and changing living conditions in the family (income, work, etc.). The social environment of the birthfamily has changed and that is the replacement experienced by the child. Forms of day care in which parents are still involved in raising the child are not included. This also applies for shelter placements where mother and child stay together. Data could be collected from the files available.

A breakdown is defined as the situation when a child has left his foster family for reasons other than leaving as planned or having reached the age of 18. Information about this can be retrieved from the files, as can information on whether it concerns a foster family care or kinship foster care.

The diagnosis of attachment disorder according to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) is made by a qualified professional (e.g., psychologist, psychiatrist, etc.) according to protocol, after which it is reported in the child's file. Children not yet diagnosed with an attachment disorder but whose files report clear indications of reactive attachment disorder are classified as attachment disorder in this study. Insecure attachment behavior is excluded from the category of attachment disorder as it also occurs in nonclinical populations.

Behavior problems on admission (T_1) and during current foster placement (a minimum of six months from admission, T_2) were measured by the behavioral problems questionnaire, as used by Barber and Delfabbro (2002). This questionnaire comprises eight items in a three-point response format: 0 (never), 1 (occasionally), and 2 (often). The list codes behavior observations, as reported by foster care workers. Cronbach's alphas for the two measurements amount to 0.79 on admission and 0.75 at the second measurement. These values are high enough to conduct research on the data collected. The study revealed cross-informant correlations in a number of cases (also participating in another study) between the sum score on the behavioral problems questionnaire and the raw sum score on

the scale externalizing of the CBCL/4-18 (Verhulst, Van der Ende, & Koot, 1996) as completed by the foster mother. These amounted to .34 ($n = 17$) at the start of placement (T_1) and .44 ($n = 19$) during placement (T_2) respectively. Although these values lack statistical power (29% and 52% respectively) and are therefore not significant, they approximate the mean score of .28, as found by Achenbach, McConaughy, and Howell (1987). Due to some missing values the sample size will be slightly different per statistical analysis.

Results

Placement History

Current foster family placements are not included in establishing the placement history. The distribution of the percentages of experienced placements for the whole sample is presented in Table 1. In nearly half of the cases (44.8%) the current placement is the child's first away from home placement. Of the foster children, 22% have experienced a replacement within 18 months (before the start of current placement) whereas a third of the foster children (33%) have experienced two or more placements.

The mean number of placements amounts to 1.3 with a mean length of stay of 1.5 years. The mean ratio (number of placements

TABLE 1

Experienced Placements of Children in Foster Family Care and Kinship Foster Care ($N = 419$)

NUMBER OF PLACEMENTS	TOTAL (%)	KINSHIP FOSTER CARE (%)	FOSTER FAMILY CARE (%)
0	44.8	59.3	32.1
1	22.2	17.5	26.1
2	13.0	7.2	18.3
3	7.5	7.2	7.3
≥4	12.5	8.8	16.2

divided by the length of stay) amounts to 1.1, which means that in a rounded figure, a foster child experiences on average one placement a year (current placement not included).

When broken down by type of care—foster family care or kinship foster care—the distributions of number of placements appear to differ from each other significantly, $\chi^2(4) = 69.76, p < .0005$. In kinship foster care first time placements occur twice as often as in foster family care. In addition, the group means also differ from each other significantly, $t(419) = 3.84, p < .0005$, with children in kinship foster care having fewer placement experiences ($M = 1.0, SD = 1.6$) than children in foster family care ($M = 1.7, SD = 1.8$). The effect size (Cohen, 1988) ranges from small to moderate ($d = .38$). Furthermore, there is also a statistically significant difference in the length of stay, $t(414) = 2.32, p < .05$, with on average a shorter length of stay for children in kinship foster care ($M = 1.1, SD = 2.8$) than for children in foster family care ($M = 1.7, SD = 2.7$). The effect size is moderate ($d = .43$). The difference in means between ratios cannot be considered statistically significant, which means that foster children who are now in kinship foster care have had the same mean number of placements per year as those in foster family care ($M = 1.2, SD = 1.7$ versus $M = 1.1, SD = 1.2$).

Factors Associated with Placement History

As expected, the factors age and duration of care proved to be associated with the number of replacements experienced in the period prior to current placement, $r = .10, p < .05, N = 415$ and $r = .67, p < .0005, N = 415$ respectively.

We hypothesized that we would see more replacements in children with attachment disorders compared to children without. Foster children with an attachment disorder amounted to 14% ($n = 59$). These children have experienced a mean of 2.3 placements ($SD = 2.2$) and children without an attachment disorder have a mean of 1.2 placements ($SD = 1.6$). The difference in means is considered statistically significant, $t(67.9) = 3.68, p < .0005$, with an effect size of moderate to large ($d = .63$).

In addition, a higher mean of replacements were expected to be found in the case histories of those with high scores on externalizing problem behavior, at the time of admission (T_1) and six months into the stay (T_2). As hypothesized, the extent of externalizing behavioral problems on both T_1 and T_2 proved to be positively associated with the number of replacements, $r_{T_1} = .23, p < .0005, N = 415$ and $r_{T_2} = .24, p < .0005, N = 410$ respectively, showing a weak to moderate relation between the two variables (5.3% and 5.8% of the explained variance).

We expected that foster children whose current placements ended in a breakdown had experienced more placements than foster children in current placements. The percentage of breakdowns amounted to 22.5 ($n = 94$) with a mean length of stay of 1.3 years ($SD = 1.0$). Foster children who have experienced a breakdown have a higher means in the number of placements ($M = 1.2, SD = 2.1$) than foster children in their current families ($M = 1.2, SD = 1.6$). The difference in means is statistically significant, $t(123) = 2.94, p < .01$. The effect size is small to moderate ($d = .40$).

Predictability of Current Placement Outcome

A stepwise discriminant analysis was conducted to address the question of predictability of the current placement outcome. In doing so, we were particularly interested in finding out whether the variable placement history contributed to predicting the placement outcome, in addition to the other contributing variables of age and problem behavior on admission. By choosing a model that includes the variables in the order given, the unique contribution can be determined of the placement history to group membership (breakdown or continuation), in which the effect of age and severity of problem behavior have been partialized out. Table 2 shows the means and standard deviations of the prediction variables for the two groups.

The model with the three variables proved to be statistically significant, $\chi^2(3) = 61.36, p < .0005$. All variables, the experienced number of placements included, are maintained in the model. The

TABLE 2Predictors of Current Placement Outcome ($N = 412$)

	PLACEMENT OUTCOME	
	$M_{\text{BREAKDOWN}} (SD)$	$M_{\text{CONTINUATION}} (SD)$
Age	13.2 (3.6)	9.0 (5.6)
Severity of behavior problems T_1	3.5 (3.3)	1.9 (2.7)
Experienced placements	1.9 (2.1)	1.2 (1.6)

extent of correlation, expressed in the canonical correlation coefficient, amounts to 0.37 (14% of explained variance), which is a moderate effect size.

Table 3 shows how well the model with the three variables classifies the cases. With the use of the three variables 65 foster children (71% of 92, see Table 3) were correctly identified at the start of placement as being at risk of a breakdown. However, 117 foster children (37% of 320) were wrongly identified as being at risk of breakdown. Finally, there is no significant difference between the number of breakdowns in foster family care and kinship foster care, $\chi^2(1) = 3.95, p = .05$.

TABLE 3Number of Correct and Incorrect Classifications of Actually Observed Outcomes ($N = 412$)

Predicted outcome		ACTUALLY OBSERVED OUTCOME	
		BREAKDOWN ($N = 92$)	CONTINUATION ($N = 320$)
	Breakdown	65 (71 %)*	117 (37 %)
	Continuation	27 (29 %)	203 (63 %)

* Rounded percentages

Conclusion and Discussion

This study has examined the placement history of children admitted to long-term family foster care and kinship foster care. At the same time, we have investigated the factors in our sample, which, according to international literature, can be associated with the number of placements experienced by children. Finally, we have studied the role of placement history in a model designed to predict whether a placement will be discontinued prematurely or not. The desired outcome of long-term foster care is to achieve a permanent placement.

The mean number of previous placements for the whole group amounted to 1.3 over a period of care of nearly 18 months. This figure is somewhat more favorable than the results from Pardeck's (1984) study, which reported 1.9 placements over approximately the same period, and much more favorable than the average of 4.2 placements in about the same period, as reported by Leslie et al. (2000).

In the follow up period concerning children's stay in their current foster placement (average of 2.4 years) nearly a quarter of them (22.5%) experienced a breakdown. This percentage is an underestimation of the real percentage, which can only be determined after all of the children have left their foster families. Compared to the break-off percentages between 22 and 85 (after one- to five-year follow-up) as in international research literature, our figures are in the low range.

It can be concluded that foster children in the Netherlands drift less frequently from one place to the other, as in some other countries (e.g., the United States and the United Kingdom). At the same time we have found that many foster children are growing up in unstable rearing situations. According to the criteria of Pardeck (1983), one-third of the sample experienced severe rearing instability.

The most stable pattern, meaning no placements prior to current placement, could be found in kinship foster care. Whether kinship foster families offer a more stable rearing situation in the long term cannot be confirmed; our data on current placement outcomes are not indicative of a more favorable future situation.

Prospective comparative research is needed to gain more insight in this area. This research should include relevant (background) characteristics of foster children and foster families.

Our study confirms the relation between the number of placements and the child characteristics age and duration of care, as reported in international research literature. The same goes for the presence of an attachment disorder and externalizing problem behavior on admission and during stay. Considering the nature of our study, we cannot establish causal relationships.

Newton et al. (2000) did report such causal relationships in their study. The authors demonstrated that children who had experienced many placements showed an increase in problem behavior. In addition, they also showed that children, who were initially without problem behavior, also developed problem behavior as a result of these replacements. This outcome suggests that everything possible should be done to prevent a route of multiple placements.

This viewpoint is supported by the results concerning our third research question. The question was if and how accurately a case of high risk of breakdown could be predicted on the basis of a model with three variables. In doing so, our focus was particularly on finding out whether placement history makes a unique contribution to distinguishing between the high and low risk group, above the two other variables of age and behavioral problems on admission. This was indeed the case. It seems that we are presented with a profile of children with an increased risk of failure in long-term foster care. It concerns children who are older and who have more serious behavioral problems and a long placement history. Social workers who are involved in the decision-making process when placing these children should be keenly aware of the increased risk of a breakdown in long-term foster care placements. We are not saying that long-term care should not be an option, considering the substantial number of children who were incorrectly classified as high-risk group.

It should be noted that including variables in a discriminant function can only become meaningful when all the outcomes of placements are known. This was not the case at the time of our study and therefore we intend to conduct further research over a

longer period. Our study also calls for applying a wider set of prediction variables. In doing so, we expect to be able to increase the percentage of correct classifications. If we focus on data obtained on admission, whose relation to placement outcome (breakdown/no breakdown) has been demonstrated in at least one study, the following variables become eligible for inclusion: gender of the child (Palmer, 1996), ethnic background of the child (Pardeck, 1984), parent preparing the child for placement, and having received a training by the social worker to deal child parent separation (Palmer, 1996). The percentage of correct classifications is likely to be increased even further if we process information from the early stage of placement, in addition to what is known on admission.

Research shows that the following variables are correlated to a chance of a disrupted placement: frequency of contact between foster parents and care worker, the amount of energy care workers invest in foster families (Stone & Stone, 1983), and number of changes of care workers during placement (Pardeck, 1984). Clearly, care workers can start focusing on many aspects to help prevent children from being replaced in the future.

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