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Criteria for foster care placements: linking research and practice

Summary

This paper aims to explore the criteria for the referral of children to foster care in the Netherlands. First the authors present a short overview of the organization of foster care. They then discuss the clients' psychosocial characteristics and link these to the care workers' decision to place children in foster care. Data were gathered by means of a questionnaire distributed among seven agencies and 120 children, ranging in age from three months tot 17 years. The findings were quite astonishing. In about one third of cases studied, children had been referred to foster care without clear indications that such care would actually be beneficial to them.

Introduction

Until recently, research on foster care placements mainly focused on matching factors between foster child and foster family. And although this has lead to new insights and ideas, it did not provide us with solutions and explanations for a difficult and profound dilemma: 'Why does foster care still fail in approximately 30-50% of cases?' This problem plays an important role in Dutch foster care research, and has become all the more relevant since foster care was recognised by the Dutch National Government as an official form of treatment in 1989 (Dutch Children's Act). Even now, too many foster children are moved from one foster family to another, or from a foster family to residential centres. This raises the question whether the referral to foster care was the right decision in the first place; in other words, whether the given indication for treatment was the right one to begin with.

Our survey seeks to answer this question. However, before we could find the answer it was necessary to create an overall picture of the practice of foster care placements in the Netherlands. To understand which parties are involved in Dutch foster care, it is necessary to explain some aspects of the organisation of foster care in the Netherlands.

The organisation of foster care in the Netherlands

With the introduction of the Dutch Children's Act (1990), a number of important changes took place in the Dutch youth care system. We will not discuss these changes in detail, but it is vital to mention the pivotal point in this piece of legislation: *Treatment should be as short, mild, and close to the natural environment as possible.* This means that placing a child in a foster family is preferred to placement in a residential setting. Consequently, youth carers must be able to motivate their preference for a specific treatment.

In the Dutch youth care system, different agencies each have different, clearly defined tasks. With respect to foster care, there are two kinds of agencies: placement agencies and foster care agencies. The tasks of both placement agencies and foster care agencies are numerous. Placement agencies roughly go through the phases of decision making as shown in the left-hand section of figure 1 (see page 41), beginning with *complaint analysis* [the analysis of feelings, ideas, experiences and thoughts expressed by the client], via *problem analysis* [description of the dysfunctional behavioral units or syndromes that can be related to the client's complaint], to *diagnosing* a client's problem [detection of the conditions which cause, elicit or sustain the dysfunctional behavioral units or syndromes], and resulting in an *indication for treatment* [assessment of which of the available treatment options fits best with the client's characteristics] (De Bruyn, 1992, pp. 164-165).

When an indication for foster care is given, the child is referred to a foster care agency, as shown in the right-hand section of figure 1. There the indication is *tested* against the agency's criteria for foster care. If the client (i.e. the child) is accepted, the search for a suitable foster family starts (the *matching* of the foster child and the foster family). When a suitable foster family is found, the actual *placement* of the child in a foster family will be realised.

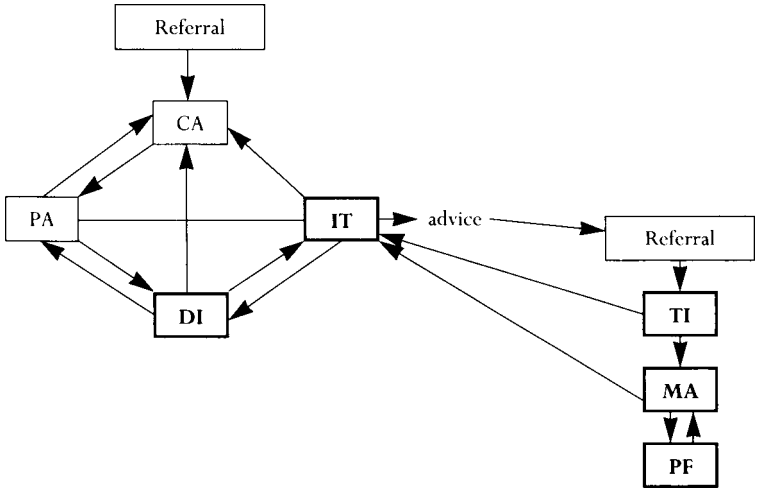
As a consequence of this structure we would have to include both types of agencies in our research in order to be able to answer the questions above - the placement agencies in order to answer questions concerning the indications for foster care, and the foster care agencies in order to answer the questions concerning relationships between the indications and the matching/actual placement of the child in a foster family.

However, foster care is only a minor part in the range of services placement agencies offer. Besides, when they give an indication for foster care, they usually think they have made the right decision. The foster care agencies, however, are confronted with the problems of these indications. They feel they do not have enough information (for instance to find a suitable foster family) and sometimes they even disagree with the given indication. But most of all the foster care agencies pointed to their lack of criteria to test the indications.

This notion is confirmed by a number of researchers. Various sources (Faas, 1993; Inspectie Jeugdhulpverlening en Jeugdbescherming, 1995) have revealed the lack of criteria for foster care and the insufficiently formulated indications for this form of youth care. [Still, every year approximately 50% of the out-of-home placements in the Netherlands result in foster care placement. And, as mentioned before, a high percentage of these placements fail.] We do not know of any survey or publication which provides a solution to this profound dilemma or gives us some kind of information to fill this gap. This was the main reason to start this investigation.

Figure 1. *Division of tasks in foster care, which in the left-hand section are placed within the dynamics of the diagnostic cycle (De Bruyn, 1992)*

[CA: Complaint Analysis, PA: Problem Analysis, DI: Diagnosing, IT: Indication for Treatment, TI: Testing of the Indication, MA: Matching, PF: Placement in a Foster family]



Task of placement agencies

Research questions concerning indications for foster care

Which is the preferable treatment for this child given his/her problem?

Task of foster care placement agencies

Research questions concerning relationships between indications and matching/actual placement

Does this child fit into our foster care agency?

Do we have a suitable foster family?

Can we actually place this child in that family?

In short, when dealing with foster care we are confronted with two different agencies: one that gives an indication for treatment (i.e. foster care) and one that receives this indication but feels inadequately equipped, in terms of placement-criteria, to test it.

Because of the small portion of foster care at placement agencies, we decided to start our research at the foster care agencies. They were highly motivated to cooperate and we would be able to find out more about indications for foster care placements, because it was the foster care agencies' task to test these indications.

Below we will give a brief outline of the research method and the first phase of this survey, and also mention the questions to be anwred. We will then present the results: the answers to the questions, conclusions, discussion, and new questions.

Method

The first phase of the survey - 1995

In order to acquire an overall picture of the indications for foster care and foster care placement in the Netherlands, we wanted to find an answer to the following questions.

- How often are indications for foster care given?
- How often do indications for foster care lead to matching?
- How often do indications for foster care lead to the decision to place a child in a foster family?

In short, we tried to reconstruct the path youth care workers (social workers, psychologists, educationalists) followed from the moment an indication for foster care is formulated. By reconstructing this path, we will not only be able to detect (both theoretical and practical) inconsistencies in decision- making, but also to deduce criteria for foster care placement by linking the eventual outcome of a foster care placement to particular information and client characteristics used in the several stages of the decision-making procedure.

Operationalization

Fourteen foster care agencies in different parts of the country were asked to participate.

By means of a questionnaire we attempted to gather the information we considered necessary for answering the questions referred to above. We asked youth care workers of these foster care agencies to fill in a questionnaire for every child that - during a 6-month period- was referred to them by a placement agency. The questionnaire can roughly be divided into three parts (see table 1).

Table 1. *Contents of the questionnaire*

Questionnaire	Questions
Part 1 *'general information'*	- date of referral to the foster care agency - sex of the child - 'date of birth of the child - composition of the intake team of the foster care agency
Part 2 *'referral information'*	- identification of the (kind of) placement agency - which diagnosis is given and by whom? - which indication has been given by the placement agency?
Part 3 *'testing, matching and placing'*	- does the given indication meet the criteria for foster car of the foster care agency? - will the foster care agency search for a suitable foster family? - has a suitable foster family been found? - does the foster care agency decide to place the child in the foster family?

Part 1 included some general questions, e.g. about the sex of the referred child, date of birth, etcetera.

Part 2 of the questionnaire included questions we otherwise would have asked the placement agencies. When a child is referred to a foster care agency, the placement agency has the obligation to send a file and other important information (including reports of meetings, intakes, test results, etcetera) along with this referral.

The questions in part 3 of the questionnaire concerned the various decisions the youth care workers at the foster care agency had to make in order to be able, finally, to place a child with a foster family.

Results

Seven of the fourteen foster care agencies, from various parts of the country, participated in this study. Over a 6- month period they completed questionnaires for a total of 120 children, 67 boys and 53 girls, ranging in age from 3 months to 17½ years.

The results show that 22.5% of children in the survey had at least once before been referred to the foster care agencies by placement agencies (Emans & Robbroeckx, 1996).

The answers to the questions formulated above

We logically assumed that a child referred to a foster care agency had an indication for foster care. The results proved us wrong.

Figure 2 shows that 70% of children referred to a foster care agency actually had an indication for foster care. For 22.5% of children in the survey, the placement agencies suggested that residential treatment would also be beneficial (Emans & Robbroeckx, 1996). The larger part of this group concerns short-term foster care placements, where the goal is to find out which alternative (residential or foster care) will be most beneficial to the child in the future. As you can see, 30% (N = 36) of the children have an indication for help other than foster care, including residential or even day care. Here, foster care is - at the most- seen as a second choice.

We then assumed that those 30% would be rejected by the foster care agencies. Again, we were proven wrong.

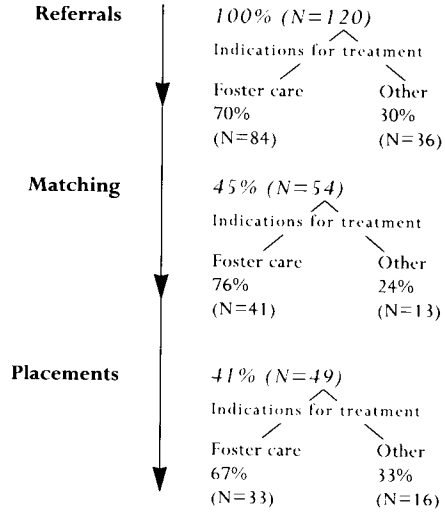
The results show that for 45% (N = 54) of referred children the foster care agencies did actually succeed in finding a suitable foster family. For 55% they failed to do so. But of the 45% for which they did succeed, no less than 24% (N = 13) had an indication for treatment other than foster care (Emans & Robbroeckx, 1996).

For 41% (N = 49) of referred children the foster care agencies actually decided to place the child in a foster family, 33% (N = 16) of which did not have an indication for foster care to start with (Emans & Robbroeckx, 1996).

[The difference in N between matching and placement of children with indications for treatment other than foster care can be explained by a number of kinship care placements.

These children do not always get an indication for foster care and in most cases live with a relative, so there is an intrinsic matching phase. If the foster care agencies agree to supervise this placement, it can be regarded as a formalised foster family placement.]

Figure 2. *Percentages of referrals, matchings, and placements in foster care, set against the different indications.*



Conclusion and discussion

The results we obtained so far were astonishing. Youth care workers in foster care agencies were making decisions about the futures of children that had no indication for foster care in 24-33% of cases.

This leads, at the very least, to the conclusion that social workers at placement agencies and social workers at foster care agencies have different views on foster care and the question for which children and problems it is beneficial.

At this point we do not know exactly in what way they are different, but it may well be that in judging whether a child is fit for foster care, social workers at foster care agencies keep in mind which foster families they have 'in store', and thus look at the issue of placement from a different perspective.

Another implication of these findings is that social workers have a framework, at least in their minds, according to which they make decisions about whether or not accepting a child in their agencies. Youth carers in both placement and foster care agencies seem to have a distinct notion about children that are either in or out of place in foster care.

What will happen with children who, in spite of their indication for treatment other than

foster care, are nonetheless placed in a foster family deemed suitable by the foster care agency? Will these foster family placements fail? If so, that still leaves about 17% of foster care placement failures unaccounted for. This would mean that even if a child with an indication for foster care is placed with a suitable foster family, the placement can and will fail in a considerable number of cases.

However, it is also possible that a foster care placement of a child without an indication for foster care does not fail (which would mean that a larger percentage of foster care placements with an indication or foster care fail). Besides treatment itself, life-events may affect the result of a specific treatment considerably, and we are fully aware that our survey cannot cover all the eventualities that may affect a foster care placement. However, it would be a tremendous improvement if we knew more about the characteristics of children that seem to benefit most of foster care, in order to improve future indications.

It is impossible to establish whether or not a foster care placement can be considered successful until at least a year after it is effectuated, because most placements are planned for the duration of a year (or 3 to 6 months in the case of short term foster care). At the end of this period, the foster care placement is evaluated and a decision about whether the placement should be extended is made. During this period we consult with social workers and attend meetings in order to try to make their ideas and internal frameworks more explicit.

So far we have only discussed the information provided by social workers, psychologists and other youth carers at different foster care agencies. This has lead to very interesting results and - as always - to new, important questions. In order to be able to answer these new questions, we visited a few of the participating foster care agencies and were granted access to their files. We looked for information about the children and their families, their complaints, problems, indications and the motivations for these indications. All this data is now being processed and analyzed and we hope to present the definitive results next year. Results so far point to a considerable lack of arguments in favour of foster care placement - at least in the files - and poorly motivated indications. This is all the more reason to try to make the related criteria, notions and frameworks more explicit.

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Paper presented at the 5th EUSARF European Congress, 13 September 1996, London.