



Breakdown in foster care

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Abstract

This follow-up study reports on the stay of children in long term foster care and the factors that influence it. Since a number of the children were still in foster care when the study was conducted, the model of survival analysis was employed in order to assess the risk of premature termination of a placement. Risk factors that proved to be associated with a prematurely terminated placement were age and externalizing problem behavior, the type of foster family was found to be no significant factor. These risk factors can be established as soon as the child is referred to foster care, so that additional care can be provided to ensure the permanency of a foster care placement.

Key words: foster care, breakdown, survival analysis

Introduction

This article focuses on foster care in the Netherlands. The concepts that occur in Dutch foster care correspond closely with those used in the Anglo Saxon literature on foster care.

In the Netherlands, if a child must be placed out-of-home, it can be admitted either to foster care or to residential care, the two types of provisions for out-of-home placements. The provision type foster care consists of a collection of care forms, which can be distinguished into short term placements and long term placements, depending on the goal of treatment (Werkgroep Pleegzorg, 1991). A short term placement offers, among others, family reunification, a long term placement offers the child a long term substitute rearing arrangement. Document Pleegzorg (Trillium, 2000) uses these two categories. Foster care is described as a module in a care program and as a rearing arrangement. A module in a care program involves a stay of a maximum of 6 months, a rearing arrangement provides long term care to ensure that the child is given a stable rearing situation. This article uses the terms short term (foster care) placements (c.q. module) and long-term (foster care) placements (c.q. rearing arrangement) considering that these are more in line with the terminology in research on foster care in Australia, Canada, Great Britain and the United States.

Minty (1999) and Triseliotis (2002) believe that the goal of long-term foster care should be 'providing a family for a life time'. According to this formulation the foster child will be able to stay permanently with its foster family until adulthood and once it has reached this phase the foster family will continue to coach and support the child as much as needed. In the Netherlands, neither the duration involved in a permanent stay has been examined, nor the factors that influence the duration. This article reports on the duration of a long-term foster placement and the factors that influence it. Should our study produce a model for the relation between duration and factors known at referral, a provision for foster care will then be able to

formulate the expected duration of the child's stay and offer appropriate interventions in order to guarantee the permanency of the stay.

Duration of long-term foster care placements

Research on the duration of foster children's stay in foster families in the United States, Great Britain and Australia has often been actuated by the phenomenon of 'foster care drift'. This is a situation where the foster child moves from one foster family to the next because a permanent placement cannot be assured (e.g., the child cannot return home or is not adopted). Palmer (1996) reported the following percentages of transfers in Ontario (Canada) over a period of 18 months: 54% of the foster children remained with their foster families, 27% switched twice, 14% switched thrice and 5% changed families 4 times or more. Leslie, Landsverk, Horton, Ganger and Newton (2000) reported a mean number of placement transfers of 4.3 over a period of 18 months in California (USA).

In a cross-sectional study in Adelaide (Australia) on new referrals for foster care after breakdown, Delfabbro, Barber and Cooper (2002) reported the following percentages of transfers within 3 years: 25.3% of the foster children changed families once to three times, 24.2% changed 3 to 6 times, 21.6% changed 6 to 10 times and 28.9% had 10 or more different foster families. The suggestions made by and Larsson, Bohlin and Stenbacka (1986) and Palmer (1996) that more transfers will aggravate the severity of problem behavior was supported by Newton, Litrownik and Landsverk (2000). They put forward that a breakdown and subsequent change of family increases the risk of (internalizing and externalizing) problem behavior, which in turn may be the cause of the next breakdown. Foster children without problem behavior also show an increased chance of problem behavior when they change placements.

According to Newton et al. (*ibid*) the research results were not influenced by age, gender and ethnic-cultural background. One of the consequences of changing placements in foster care (and an increase in problem behavior) is the diminished chance of reuniting the child with its birth family (Palmer, 1996).

The phenomenon of foster care drift has stimulated research on placement transfers (mainly in Anglo Saxon countries), termination of a foster care placement and duration of stay in a foster family. A change of family is the result of a termination of the current foster family placement, often an unplanned termination for unfavorable reasons. We limit our description of breakdown to unfavorably prematurely terminated foster care placement.

In the Netherlands there are as yet no statistics on the number of foster care placement transfers. However, research has been conducted on the phenomenon of breakdown. Strijker and Zandberg (2001) computed the data from the literature in the period of 1982-2000 and arrived at a breakdown percentage of 31% for long-term foster care placements in the Netherlands. From the data by Bastiaensen (2001) we computed a breakdown percentage of 25.3% for placements terminated within 27 months. De Meyer (2003) reported a breakdown percentage of 11, based on his (cross-sectional) file study. De Meyer (2003) attributes this low percentage to the improved admission procedures for children entering foster care. At the international level the breakdown percentage lies between 20 and 50 for placements with a duration of 2 to 5 years. (Van der Ploeg, 1993; Triseliotis, 2002). The factors associated with breakdown are the child's age and severity of problem behavior (Strijker, Zandberg & Van der Meulen, 2002). There is an increased chance of breakdown if the foster child is over 10 years old and has behavior problems (Barber, Delfabbro & Cooper, 2001; Strijker & Zandberg, 2001). In the aforementioned studies the relation between variables was examined, the so-called variable approach. Another option is to segment foster children on the basis of common characteristics in clearly defined clinical categories, the so-called profile approach. Farmer (1996) was probably the first researcher who constructed a typology of foster children, distinguishing two types of children entering foster care: the "protected" and "disaffected" type.

Children belonging to the protected category are those who have been placed away from home for being neglected and maltreated; the disaffected group are out-of-home placements of children who show severe problem behavior (parents are no longer able to control their child). The protected group are largely young children, the disaffected group are mostly adolescents. This typology was validated by Barber and Delfabbro (2002). They computed a breakdown percentage of 52 within 12 months for the disaffected group. At the time, having no knowledge of the studies above (Farmer, 1996; Barber and Delfabbro, 2002). Strijker and Zandberg (2001) also developed a typology which distinguished 2 types of foster children. Their typology is based on the problem variables of both child and parent at referral to foster care, named “externalizing” and “normal” respectively. The externalizing type is characterized by severe problem behavior of the foster child, moderate family conflict situations and an incapable parent who lacks the necessary parenting skills. The externalizing type showed a breakdown percentage of 57 within 18 months, which is comparable to the percentage of 52 within 12 months, as reported by Barber and Delfabbro (2002). This profile approach enables professionals to identify in children a risk type as soon as possible, which is not possible when using the variable approach.

Apart from the type of child, the type of foster family also influences the status of foster care placement (status meaning breakdown or not). The literature (see e.g. Keller, Wetherbee, Le Prohn, Payne, Sim & Lamont, 2001) reported on differences between the types kinship family (foster care by relatives) and foster family (foster care by non-relatives), whereas we limit ourselves to the duration of placement. According to American research there are fewer breakdowns in kinship families than in foster families (Shore, Sim, Le Prohn & Keller, 2002) and there are twice as many placement transfers in foster families than in kinship families (Leslie et al., 2000; Beeman, Kim & Bullerdick, 2000). As to the duration of a foster family placement it was found that on average a foster child stays longer in a kinship family than in a foster family (Leslie et al., 2000). In American foster care practice a longer duration is considered negative because of the smaller chance of reuniting the child with its birth family, as shown in studies by Wells and Guo (1999) and Courtney (1994). For the Netherlands Strijker, Zandberg and Van der Meulen (2002) reported a breakdown percentage of 29 for foster family care and 37 for kinship care, however the difference was not statistically significant. There are as yet no statistics available on the differences in duration between the two types of foster families. This is the reason why our study focuses on the differences in duration of stay in both types of foster families.

Method

Problem and research question

In the Netherlands a child can receive foster care until the age of 18. In 2002 a total number of 4130 children were given long-term foster care (National Publication Bureau for Foster Care). There are no data as to duration or factors that influence the actual duration of foster care placements. Prospective foster parents could benefit from research on the duration of stay so that they will be able to have realistic expectations of the duration at the onset of placement. The care provider will provide extra resources when the duration of stay is associated with foster child and/or foster parent variables, in order to warrant placement permanency. Consequently, the following research questions can be formulated as follows:

- 1 What is duration until breakdown for foster children in long-term foster care?

To address this question the proportion of foster children are described who experienced a breakdown at different periods of time.

2 Which factors are associated with breakdown?

This question examines the variables that predict the duration of stay at the onset of placement.

Design and sample

The study was a longitudinal design and an extension of the study on matching conducted by Strijker and Zandberg (2001) at Provisions for foster Care in the period from August 1996 to June 1999. The sample consisted of the cohort of 136 foster children who were in foster care in the period from August 1996 to December 1997. Only the long-term placements were included in the study. The sample was described in detail in the study by Strijker, Zandberg and Van der Meulen (2002). In October 2002 follow-up data were collected from the files of Provisions for Foster Care (Scholten, 2003). Data were collected from 127 foster care placements. Nine files (9 of the 136) were not found in the archives of the Provisions, which means a 'non response' of 6.6%.

Statistical model

A foster child in long-term foster care is at risk of experiencing a breakdown, which is a negative life event for a foster child. (We limit the concept of breakdown to those placements that are disrupted by the child's behavior problems or problems in the relationship foster parent – biological parent. However, it's a point of view that behavior problems are the effect of a placement that is poorly suited to the child's needs.) A breakdown can therefore be typified as a negative qualitative change in the child's life, which may occur at a certain point of time during his stay in long-term foster care. In order to determine breakdown placements in the cohort from August 1996 to December 1997, it would be necessary to follow-up every child from the start to the end of placement. Reasons for leaving the foster family may be a breakdown, the child having reached the age of 18 or the child's return to the home situation as a result of improvement in family/child.

If the sample includes an infant the researcher would have to wait until the child reaches the age of 18 in order to complete his research on breakdown. The maximum period for this type of research is therefore 18 years. A certain technique has been developed in bio medical science called 'survival analysis', which can be used for research during a prolonged period of time. In this statistical model the survival time runs from the onset of placement to the moment of breakdown, the dependent variable. At the time of our follow-up study a number of children from the placement cohort August 1996-1997 were still in the same foster family. It cannot be said whether they will at some given time experience a breakdown during their stay. These cases are referred to as 'censored cases'. In regression or variance analysis for instance the censored cases are typified as 'missing' cases. The survival analysis does, however, include these cases. Two variants from the collection of methods of survival analyses will be used, which are the method of the life tables (to answer the first research question) and the Cox regression (to address the second research question). Both techniques will be further explained when dealing with the questions.

Results

Table 1 gives a description of the sample. The sizes are mentioned between brackets, which are variable due to missing data.

Boys and girls are by and large equally distributed, boys 45.6% and girls 54.4%. The mean age for the placement cohort of foster children from August 1996 – June 1999 amounts to 9.5

years. Somewhat less than two-thirds are court order placements (the category 'family supervision'). The variable 'referral' is the typology constructed by Strijker, Zandberg and Van der Meulen (2002), which was discussed in the section 'duration of long-term foster care placements'. This typology consists of two types, Externalizing and Normal. They correspond with the types described by Farmer (1996), 'disaffected' and 'protected' respectively and by Barber

Table 1
Description of the sample

Variable	
Gender foster child (<i>N</i> = 136)	
• boy (%)	45.6
• girl (%)	54.4
Age of foster child in years (<i>N</i> = 136) (<i>M</i> , <i>sd</i>)	9.2 (5.2)
Judicial status of foster child (<i>N</i> = 136)	
• voluntary (%)	17.6
• family supervision (%)	69.9
• guardianship (%)	12.5
Type of referral (<i>N</i> = 120)	
• Externalizing (%)	30.8
• Normal (%)	69.2
Type of foster family (<i>N</i> = 136)	
• foster family (%)	50.0
• kinship family (%)	50.0
Foster child's age, date of reference for study (<i>N</i> = 134) (<i>M</i> , <i>sd</i>)	12.8 (4.4)
Status of foster care placement at follow-up (<i>N</i> = 136)	
• current (%)	35.2
• return to birth family (%)	19.9
• breakdown (%)	44.9
Foster child has reached adulthood (<i>N</i> = 134)	
• years (%)	14.2
• no (%)	85.8
Duration of stay in foster family (in months)	
• current placements (<i>N</i> = 48) (<i>M</i> , <i>sd</i>)	67.8 (5.8)
• successfully terminated placements (<i>N</i> = 27) (<i>M</i> , <i>sd</i>)	40.8 (18.8)
• breakdown placements (<i>N</i> = 61) (<i>M</i> , <i>sd</i>)	22.1 (17.2)
Age of foster child in years at breakdown (<i>N</i> = 61) (<i>M</i> , <i>sd</i>)	12.5 (4.4)
Follow-up after breakdown (<i>N</i> = 61)	
• to birth family (%)	42.6
• another foster family (%)	26.2
• residential care (%)	18.0
• supervised living independently (%)	5.0
• unknown (%)	8.2

and Delfabbro (2002). The percentage of out-of-home placements on account of behavior problems, the Externalizing types, amounts to 30.8%. The percentage of the type 'Normal', who were placed away from home due to lack of parenting skills, amounts to 69.2%.

The relation between foster families and kinship families is exactly 1.

On the reference date the age of the sample is 12.8.

The status of foster care placement is distributed as follows: 35.2% of the foster children remain in the same foster family, 19.9% have returned to their birth family for favorable reasons and 44.9% of the foster children have experienced a breakdown. In 65% of the successfully terminated cases ($n = 27$) the reason is that the child has reached the age of 18. These foster children remain in their foster family after deregistration from the foster care service. The category 'breakdown' placements has a mean duration of stay of 22.1 months, the category 'successfully terminated' has a mean duration of 40.8 months and finally current placements are the longest with a mean duration of 67.8 months. The mean duration for the group who reached the age of 18 is 33.8 months, which is more than the average duration for children that experience a breakdown. The mean age of foster children at breakdown amounts to 12.5 year. After a breakdown the highest percentage of the children (42.6%) return to their birth families, 26.2% transfers to another foster family and 18% is admitted to a residential facility. Five per cent of the foster children are suitable for supervised independent living. There are no data on 8.2% of the children.

Research question 1: what is the duration until breakdown for foster children in long-term foster care?

In order to address this research question we studied the proportions of foster children in the original placement cohorts at different time points. For this purpose the life table was employed (see e.g. Luke & Homan, 1998). The foster children who remained in the placement cohort after the reference date October 2002 were censored cases. However, the successfully terminated cases were also considered censored cases as they were excluded from the cohort for other reasons than a breakdown (Yamaguchi, 1991). The dependent variable was the duration and the independent variable the status of the foster care placement (breakdown or censored) on the reference date. The statistical method of the life table was used to compute among others the proportions of survival duration. The results of the analysis are found in table 2.

The number of foster children experiencing a breakdown amounted to 61 (see Table 1). The duration of stay in months is a continuous variable which was aggregated for the analysis with the use of the life table in equal time intervals with a width of 5 months. The intervals can be found in the first column. The second column shows that the number of foster children at the start of the interval amounts to 136. After 5 months there are 130 children left (136 minus 6 breakdowns in the fifth column) and the start of the tenth month leaves 117 children (130 minus 12 breakdowns from the fifth column and a censored case from the third column). Column 3 shows the number of censored cases leaving the cohort per time interval. The fourth column indicates the 'number' of foster children that are exposed to risk of breakdown at the start of each time interval. (Some figures are not round due to the method used for making estimations.) The number of breakdowns per time interval is given in the fifth column and the proportion is shown in column six. Column seven shows the proportion of foster children still in foster care at each time interval and column eight shows the cumulative proportion. After 60 months the percentage of foster children stands at 55. The hazard rate in the last column refers to the proportion of those foster children who have survived up to a particular interval who are expected to fail in that interval. ('Hazard is equivalent to the epidemiological term 'incidence', which is the proportion of persons at risk of an event at a given period of time, Singer & Willet, 1991.) The hazard rate is highest (23%) at the fifteenth month interval. After the 25th interval month the hazard rate decreases. In other words, the risk of a breakdown is highest in the first two years of placement. During this period there were 47 breakdowns of the total amount of 61 (see column 5 of Table 2), which is 77% (the first 5 cells of the column 'hazard rate' were totaled and multiplied by 100%).

Table 2
Life table

Start interval in months	Incoming number	Number leaving cohort (censored)	Number exposed to risk	Number of break-downs	Proportions of break-downs	Proportions in foster care	Cumulative proportion in foster care	Hazard rate
0	136	0	136.0	6	.0441	.9559	.9559	.0090
5	130	1	129.5	12	.0927	.9073	.8673	.0194
10	117	1	116.5	5	.0429	.9571	.8301	.0088
15	111	3	109.5	12	.1096	.8904	.7391	.0232
20	96	2	95.0	6	.0632	.9386	.6924	.0130
25	88	0	88.0	6	.0682	.9318	.6452	.0141
30	82	2	81.0	3	.0370	.9630	.6213	.0075
35	77	6	74.0	1	.0135	.9865	.6129	.0027
40	70	2	69.0	3	.0435	.9565	.5863	.0089
45	65	1	64.5	1	.0155	.9845	.5772	.0031
50	63	4	61.0	3	.0492	.9508	.5488	.0101
55	56	2	55.0	0	.0000	1.0000	.5488	.0000
60	54	14	47.0	0	.0000	1.0000	.5488	.0000
65+	40	37	21.5	3	.1395	.8605	.4722	**

+ There are no calculations on the last interval

Table 3
Cox regression analyse of covariates on the survival time of a breakdown

Variable	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	<i>p</i>	Odds
Age	.093	.033	7.876	1	.005	1.097
Type of referral	.718	.284	6.386	1	.012	2.050
Type of foster family	.177	.285	.384	1	.535	1.194

Research question 2: Which factors are associated with breakdown?

The multiple regression procedure can be applied to determine the relationship between a set of predictor variables and a criterion variable. This method is not suitable if the occurrence of the event varies over time. For this purpose the Cox proportional hazards model is used, which is quite similar to the logistic regression procedure but does not exclude the censored cases from the analysis. The Cox model was used to examine which variables, or covariates, are related to the survival time of a breakdown. From the literature review the following covariates emerged (see the section 'duration of long-term foster care placements'): age of foster child at referral, type of referral and type of foster family.

The model with all three covariates is found to be statistical significant, $\chi^2(3, N = 120) = 20.32, p < .0005$.

Tests for statistical significance for individual covariates are found in Table 3.

From the Wald-test it appeared (ratio B/SE^2) that only Age ($p = .005$) and referral type were statistically significant for the survival duration of a breakdown. The odds is the estimation of the percentage of change in risk per unit change in the covariate. As the foster child progresses in age, the risk of a breakdown increases by 9.7% per year. A foster child of the externalizing type has twice the chance of a breakdown compared to the normal type. Figure 1 presents the cumulative survival time for both types against the time of stay.

The duration of stay is indicated on the horizontal axis and the vertical axis shows the proportion of foster children surviving a breakdown. The position of the curves relative to each other indicates the chance of surviving a breakdown. The higher the curve, the smaller the chance of a breakdown. The Normal type shows a greater chance of survival than the Externalizing type. The steepness of the curve refers to the duration of survival: the steeper the curve, the shorter the survival time. It appears that until the thirtieth month of the stay an estimated 50% of the foster children of Externalizing type still remain in their foster family, whereas 70% of the Normal type stay in foster care. From the analysis of the individual covariates it emerged that the type of foster family did not contribute statistically significant to preventing a breakdown. This is demonstrated graphically in Figure 2.

The figure shows that the two curves run parallel with each other. Foster families show a higher risk of breakdown but the difference between the two curves is not statistically significant.

Discussion

In the first part the implications are discussed of the data from the descriptive analysis as presented in Table 1. The second part focuses on the results from the statistical analyses (Tables 1 and 2).

The percentage of breakdown in our sample amounted to 44.9, which is within the international range of 25-50 (Minty, 1999). In the sixties this percentage ranged from 40 to 50 within a period of five years (Minty, 1999) These differences are not due to the functioning of the foster family, as more children with problem behavior have entered foster care since the sixties. The percentage of children with a breakdown that were transferred to another foster family amounts to 26.2 ($N = 61$), which is 11.8% of the original sample ($N = 136$) within 2 years on average (see data in Table 1). As there were no comparative research data available in the Netherlands, the reported data were used from Australia, United States and Canada as described in the section 'duration of long-term foster care placements'. A comparison of the data revealed that our sample showed fewer transfers to other foster families. As a consequence the tentative conclusion is that Dutch foster care is qualitatively better than the practice of foster care in the countries mentioned.

Due to the high percentage of transfers of foster families in Anglo-Saxon countries foster care is currently a much debated issue. Based on their research findings Barber, Delfabbro and Cooper (2001) concluded that foster care is only suited to young children without problem behavior. In a study comparing foster children with adopted children it emerged that in comparison with foster children in long term care adopted children showed higher ratings in areas like social functioning, adaptive behavior and sense of security. In Great Britain adoption is more preferable than long term foster care due to concern over placement transfers (Famer, 1996) and the United States has adopted new legislation in order to promote family reunification (the Adoption Assistance and Child Welfare Act, Public Law 96-272). As it proved difficult to change the child's birth parents and long-term foster care was indicated (with the risk of multiple transfers) the Adoption and Safe families Act (Public Law 89-105) was enforced to safeguard permanent foster family placements. California law dictates that in case the foster child is under 3 the family is given 6 months to work on family reunification; the term for over 3 year old is 12 months (Frame, 2002). If family reunification does not take place within the period stipulated an adop-

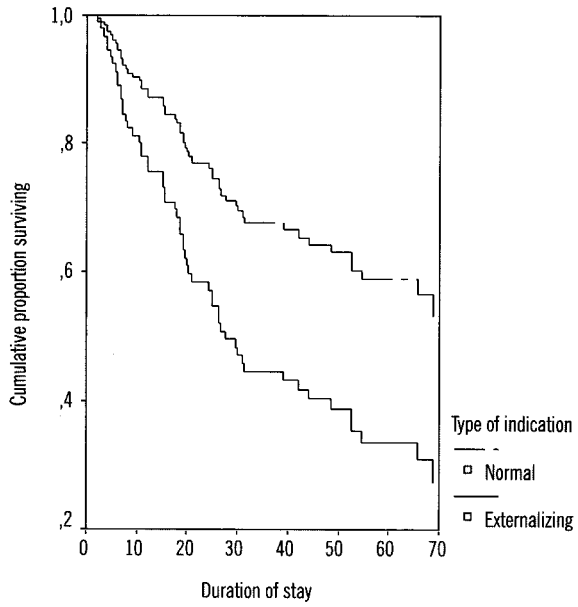


Figure 1
Cumulative survival according to type of foster family

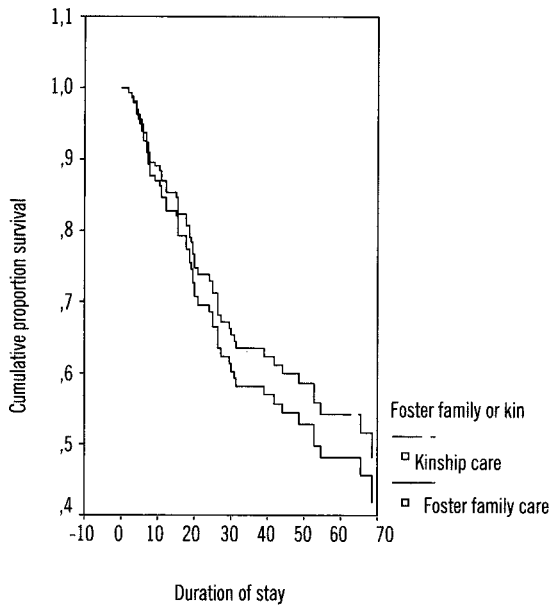


Figure 2
Cumulative survival according to type of foster family

tion procedure will be started. Dutch legislation has very stringent rules as to adopting a foster child. Since legislation and conditions concerning adoption vary widely across countries it would be incorrect to generalize data from one country to another or to adopt projects without taking into account the context in which they were implemented.

From the analysis in which the life table was used it emerged that the risk of a breakdown is highest in the 15th month, after which the hazard gradually decreases. If the foster child survives the first 25 months, the chance of a breakdown is the least after that period. In addition it was examined whether the occurrence of a breakdown is coincidental or whether other factors play a part. In case certain factors do play a part the opportunity arises to intervene on the basis of these factors. From the results it emerges that older children with externalizing behavior (as assessed before placement) are more at risk of a breakdown than young children with no problem behavior (Normal type). Barber, Delfabbro and Cooper (2001) arrived at the same research findings for Australia and they concluded that foster care is not suited to adolescents with problem behavior. As pointed out earlier their conclusion only applies to the area of foster care service in which their study was conducted. As Australia and the Netherlands differ in foster care conditions their conclusions cannot be replicated by our study. Since foster children can now be identified at referral as at risk of a breakdown measures can be taken to reduce the risk such as intensive foster family guidance, therapeutic care for the foster child, more selective matching of the foster family and additional training of foster parents. More research will be needed to determine the effect of these extra measures.

The type of foster family – categorized as foster family and kinship family – produces no effect on the survival. In the literature (see e.g. Minty, 1999) a network family is seen as a protective factor for a breakdown. Supporters of kinship foster care (in the United States) argue that due to the network family's ties with the original family there is more chance of family reunification than in the situation of a database family (see e.g. Strijker, Zandberg & Van der Meulen, 2001). This hypothesis was shown not to apply in this sample at this time in this context: children in kinship families showed less chance of reuniting with their original family than children in database families (see e.g. Shore, Sim, Le Prohn & Keller, 2002). To our knowledge there are as yet no statistics for the Netherlands concerning the chance of reunification of foster children of the type foster family and kinship family. However, Strijker, Zandberg and Van der Meulen (2001) found that there was no statistically significant difference in the percentage of breakdowns between the two types of families. Figure 2 shows that in the long term kinship care placements have a higher chance of surviving a breakdown but considering the size of the sample this difference is not considered statistically significant. It cannot be excluded that a replication study in a more substantial sample will indeed produce a statistically significant effect.

Finally, it should be noted that 32.4% of the foster children from our sample had been placed in other foster families prior to current placements, according to the study by Strijker and Zandberg (1999). Of this group 19.9% came from crisis foster care. A child is among others placed in a crisis family for observation and assessment purposes so that a treatment program can be drawn up. However, the change from the crisis family to a long-term placement means a change, a transition to another foster family and consequently there is an increased chance of more problem behavior. It should be clear at referral which foster family will be suitable for permanent placement.

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