Why do foster care placements break down? A study on factors influencing foster care placement breakdown in Flanders

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Abstract

Foster care placements frequently break down. Breakdown is associated with several undesirable outcomes for the foster child, the foster parents and the child welfare system. Little is known about breakdown in Flanders. This article presents the results of a study into the prevalence of breakdown and related factors. Data on 100 foster care case files from all over Flanders were analysed. Over a period of 6 to 7 years 57% of the foster placements broke down. Older children with behavioural problems were more at risk for breakdown.

Key Words: Foster care, Breakdown, Outcome

The number of Flemish foster care placements increased with over 21% during the past five years (Vervotte, 2006). For children in need of out-of-home care, foster care often constitutes the option of choice. Family-situations offer more personal attention, love, structure and continuity in parenting compared to residential care. Foster children compared to children in residential care are more likely to grow up to well-functioning adults: they complete more often high school, have lower crime rates and are more satisfied with life generally (Barber, Delfabbro, & Cooper, 2001). Apart from the abovementioned choice, lack of services and long waiting lists in (Flemish) group or institutional care result in children ending up to an increasing degree in foster families. The question is whether in these cases foster care was the best option. Foster care placements come across many problems. Next to abuse, high levels of family stress, conflicts between foster parents and biological parents, breakdown is one of the biggest issues (Wilson, Sinclair, & Gibbs, 2000).

Breakdown often occurs. Australian research finds 17% of foster care placements already breaking down during the first four months (Barber & Delfabbro, 2003). In Sweden more than 40% of foster care placements prematurely terminate within five years (Sallnäs, Vinnerljung, & Westermark, 2004). Strijker et al. (2004) found that over six year's time 50% of the foster care placements in the Netherlands failed. Internationally the breakdown percentage is estimated at 25-50% (Minty, 1999).

Comparing prevalence numbers from different studies is difficult. They vary for two reasons. First, the follow-up period influences the placement breakdown prevalence. In a larger follow-up period the occurrence of breakdown increases (Newton, Litrownik, & Landverk, 2000). Next, different definitions of breakdown are applied (James, 2004). Breakdown can be defined narrowly or broadly. Very narrowly defined, breakdown is a premature and unintentionally ending of foster care because of behavioural problems of the foster child. More broadly defined, breakdown can be asked for by foster parents or support staff (for example in case of an abusing foster parent). An even more broad definition includes the initiation of breakdown by the biological parents against the will of social workers and masked breakdowns (Sallnäs et al., 2004).

Linked to breakdown are placement changes. Many children in youth care experience many placement changes. For example, Palmer (1996) finds that 77% of 184 children lived with more than one family before their most recent foster care placement. After 18 months, only 54% remained in this placement. The other 46% had already been placed in at least one other family. Almost 20% of the (American) foster children have an unstable placement pattern with an average of 7.2 placement changes (James, Landsverk, & Slymen, 2004). Almost one third of foster children from kinship foster families experience more than three placement changes during the first year. For children in non-kinship foster care the numbers are even higher, to more than half of the children (Webster, Barth, & Needell, 2000). Every breakdown results in a placement change. A placement change, though, is not always the result of a breakdown. Placement changes can be the result of decisions related to systems or policy (approximately 70%) (James, 2004). Some of the placement changes contribute to an improvement of the foster care situation (Webster et al., 2000).

The experience of one or more breakdowns is associated with several undesirable outcomes. It results in difficulties in trusting adults, an increase in and even the onset of behavioural problems, an increased risk of poor educational outcomes, a decrease of the likelihood of reunification, and a longer stay in residential care (Gilbertson & Barber, 2003; James, 2004; Newton et al., 2000; Palmer, 1996; Sallnäs et al., 2004). Some youngsters end up living by themselves, which can result in poor life quality and loss of social support (Sallnäs et al., 2004). Breakdown has negative effects on the child welfare system. It demoralises foster carers and can lead to the ending of foster parent commitment. Moreover, it results in supplementary casework for the support staff including identifying and placing the child in a new setting (James, 2004).

Child factors, foster family characteristics and factors related to the biological environment can accelerate breakdown. Age and behavioural problems of the foster child are very much related to breakdown. The older the child, and the more behavioural problems, the higher the risk of breakdown (see a.o. Barber et al., 2001; James, 2004; James et al., 2004; Scholte, 1995; Strijker & Zandberg, 2004). The number of previous placements in residential care and the number of placement changes during the first foster care year are also negatively correlated to the success of later placements (Sallnäs et al., 2004; Webster et al., 2000). Newton et al. (2000) mentioned that behavioural problems not only lead to breakdown, but they can also be the result of breakdown.

The relationship between breakdown and the history of the child is not clear. Children with a history of physical, sexual or emotional abuse are more at risk of breakdown than neglected children (Barber et al., 2001; Webster et al., 2000). On the other hand, Salnäss et al. (2004) found that physical abuse and sexual abuse were negatively correlated to breakdown.

The relationship between gender and breakdown is not clear either. While some (a.o. Palmer, 1996; Webster et al., 2000) found that boys were more at risk of breakdown, others (a.o. James, 2004) did not find any differences related to sex. The latter do find an interaction effect between age and gender: younger boys and older girls are more at risk of breakdown

(Sallnäs et al., 2004). Similarly, ethnicity sometimes proves to be (Webster et al., 2000) and sometimes not to be (James, 2004) related to breakdown.

Foster parent characteristics tend to be less subject to research. Foster parents with children of their own, who want to possess the foster child, who have an authoritarian parenting style or believe the development of a foster child to a high degree is determined by hereditary factors are more at risk of breakdown (Kalland & Sinkkonen, 2001; Scholte, 1995). Research points out that kinship care placements are more stable than non-kinship placements (Sallnäs et al., 2004; Webster et al., 2000).

No data on breakdown are available for Flanders. The aim of this paper is twofold. We want to know the number of breakdowns in Flemish foster family care. At the same time we want to examine which factors, known at the start of a foster care placement, are related to breakdown. Knowledge of these factors will improve the indication for foster care and/or the foster family's need of support.

Methods

Participants

The sample consisted of 100 randomly selected children placed in foster family care by one Flemish foster care service, with divisions in each Flemish province. The 100 (76%) children were drawn from a group of children (n = 131) all placed in 1999 on the request of a Committee for Special Youth-Care or a juvenile court, and whose files could still be consulted. Sixteen files had been destroyed because legislation demands destruction of the file five years after majority. Short crisis-placements (n = 9) and placements with adoption as a purpose (n = 7) were not included in the sample.

Procedure

Case files are analysed by way of a coding scheme especially designed for this study. For all placements the ending is examined (positive, negative or continuing). Breakdown is defined as an unintentionally and prematurely terminated placement for reasons such as: behavioural problems, conflicts between biological and foster parents, foster parents asking for time-out, and so forth. Examples of a positive ending are: planned reunification, intended independent living, ... In case of multiple reasons, the most important reason was used for the analysis. When the termination did not prove clearly from the file, the caseworker was interviewed.
Variables known to be associated with breakdown such as: reason for placement (loss of carer, abuse or problematic parenting (the latter category including criminal conduct of the child)), number of placement changes at start of the placement, behavioural problems at start (assessed by one of the authors on a four-point-scale: 0 = no behavioural problems, until 3 = very serious behavioural problems), the child's ethnicity, foster family's family type (single-parent family, ...), foster mother's age, number of children per foster family,... were assessed. Since survival analysis was considered, only sufficient stable variables were used.
Two authors independently coded ten randomly selected case files. The inter-rater reliability of the classification of the placement ending (breakdown or not) was $\kappa = 0.55$, with κ's between 0.4 and 0.75 representing fair to good agreement (Landis & Koch, 1977). The correlation of the assessment of behavioural problems was very high ($\rho = 0.88$; $p < 0.01$) (Cohen, 1988).

Statistic analysis

We used a survival analysis. With the Kaplan-Meier-method or the life table method is examined if nominal variables are significantly associated with a shorter survival-time. Since this method requires categorical variables, the child's and fosters parent's age as well as the number of placement changes have been dichotomised (see Table 1).

Univariate analyses are a limitation of the Kaplan-Meier-test, so the influence of other variables cannot be taken into account. Therefore, Cox regression analysis is used. In a first step all covariates are inserted one by one in the model. Second, the four significant covariates are inserted in one Cox regression analysis (forward LR-method). The condition of "proportional hazard" is examined with a graphical and an analytical method. For the categorical variables is examined if the curves in the "log-minus-log" graphic run parallel. For every covariate, a time-dependent covariate is calculated (covariate x time) and added to the model. For none of these variables (cf. infra) the condition of proportional hazard has been broken.

Results

Description of the participants

Fifty-seven placements were voluntary and 43 placements were made on a court order basis. The sample consisted of 49 boys and 51 girls (average age = 8; sd = 5.24). Boys and girls did not differ in age at start of the placement (U = 1228,5; p = 0.88). Seventy-tree children were Belgian. Sixteen children were first generation immigrants and 11 children were second-generation immigrants.

Thirty children were placed in kinship care and 66 in non-kinship care. In four cases the type of care was unknown. All kinship care children stayed already with the foster family at the start of the guidance by the support staff. Seventy-seven children stayed in a two-parent foster family and 23 in a single-parent foster family. In 12 foster families, the foster child was the only child and in 19 families one other child stayed with the family. In 62 families, at least two other children stayed with the family and in two foster families the number of resident children was respectively nine and ten. These children could either be biological or foster children. For five families these data were unknown.

The average age of the foster mother (foster father in case of a single-father family) at start of the placement was 43 (min = 21, max = 65, sd = 9.82). Kinship care foster parents were older and more often single than non-kinship foster carers (U = 552; $p < 0.001$ and $\chi^2 = 12.36$; $p < 0.001$).

The reasons for placement were: loss of carer (dead of a parent, (psychiatric) illness; n = 41), parents with parenting problems (n = 21), physical abuse, neglect and sexual abuse (respectively 12, 13 and 9) and facts committed by the child (running away, crimes; n = 4). The average number of placement changes before this placement was 1.8. Thirty children came from their biological family. Twenty-nine children had experienced one placement change and 34 children two to seven placement changes. One child experienced 12 placement changes. The number of placement changes of six children was unknown.

Nineteen children had moderate, 17 children serious, and 13 children very serious behavioural problems at start of the placement. Behavioural problems were not mentioned for 47 children. No data were known for four children. Boys and girls, and older and younger children did not differ in behavioural problems at start of the placement (respectively U = 1067.00; p = 0.51 and U = 777.00; p = 0.18).

Table 1
Characteristics of the test-group

Variable	%	Median time until breakdown	P-value **
Sex			
Boy	49	34	0.84
Girl	51	34	
Age			
≤ 12	69	51	< 0.001
> 12	31	13	
Ethnicity			
Autochthon	73	34	0.33
First generation immigrant	16	20	
Second generation immigrant	11	42	
Referring authority			
Voluntary	57	31	0.33
Juvenile Court	43	34	
Number of Placement changes			
None	30	57	0.32
≥ 1	64	34	
Unknown	6		
Foster family type			
Kinship care	30	31	< 0.05
Non-kinship care	66	69	
Unknown	4		
Type of household			
Single-parent family	23	34	0.18
Two-parent family	77	38	
Foster mother's/parent's age			
< 42	49	31	0.16
> 42	51	44	
Reason placement			
Problematic parenting without abuse	25	18	< 0.05
Loss of carer	41	33	
Abuse	34	80	
Type of abuse (n = 34)			
Sexual abuse	26	34*	0.07
Physical abuse	35	55*	
Neglect	38	68*	

Variable	%	Median time until breakdown	P-value **
Behavioural problems			
None	47	56*	< 0.05
Moderate	19	39*	
Serious	17	36*	
Very serious	13	39*	
Unknown	4		

* average length; ** Kaplan-Meier's p-value

Ending of placement

Seventy-eight placements terminated. Fifty-seven of these placements terminated prematurely and unintentionally. Twenty-one placements ended positively. Half of the placements broke down before 34 months. The life table shows that the risk of breakdown was highest during the first placement year. After thirty months another vulnerable period occurs.

Table 2
Life table

Interval start time	Number entering interval	Number censured	Number exposed to risk	Number of terminal events	Proportion terminating	Proportion in foster family	Cumulative proportion in foster family	Probability density	Hazard rate
0	100	4	98.0	13	0.13	0.87	0.87	0.022	0.02
6	83	4	81.0	12	0.15	0.85	0.74	0.021	0.03
12	67	1	66.5	6	0.09	0.91	0.67	0.011	0.02
18	60	3	58.5	4	0.07	0.93	0.63	0.008	0.01
24	53	2	52.0	4	0.08	0.92	0.58	0.008	0.01
30	47	0	47.0	8	0.17	0.83	0.48	0.016	0.03
36	39	2	38.0	3	0.08	0.92	0.44	0.006	0.01
42	34	3	32.5	2	0.06	0.94	0.41	0.005	0.01
48	29	1	28.5	1	0.04	0.96	0.40	0.002	0.01
54	27	0	27.0	1	0.04	0.96	0.39	0.002	0.01
60	26	1	25.5	1	0.04	0.96	0.37	0.003	0.01
66	24	1	23.5	1	0.04	0.96	0.35	0.003	0.01
72	22	6	19.0	0	0.00	1.00	0.35	0.000	0.00
78	16	13	9.5	1	0.11	0.89	0.32	0.006	0.02

Reasons for breakdown were: the foster child's behavioural problems (n = 26), conflicts between biological parents and foster parents (n = 15), return to biological family against advice

(n = 11), foster child's suicide (n = 1) or the support staff believed the placement was not workable anymore (n = 1). For three cases, the reason remained unclear.

Factors associated with breakdown: the Kaplan-Meier method

Not associated with the risk of a quicker breakdown were: child's gender (log rank = 0.04; df = 1; p = 0.84), ethnicity (log rank = 2.24; df = 2; p = 0.33), number of placement changes (log rank = 0.98; df = 1; p = 0.32) and referring authority (log rank = 1.35; df = 1; p = 0.25). Breakdown occurred more quickly with older children (log rank = 20.88; df = 1; $p < 0.001$) and with children with more behavioural problems (log rank = 8.01; df = 3; $p < 0.05$). Abused children did stay longer in the foster family than children lacking a carer. The risks of breakdown were highest for placements due to problematic parenting without abuse (log rank = 6.31; df = 2; p = 0.04).
When only abused children were considered, the type of abuse was marginally significant (log rank = 5.22; df = 2; p = 0.07): the risk of a shorter survival-time was the highest for sexually abused children. Physically abused children had at their turn a shorter survival-time than neglected children.

Placements in non-kinship care families tended to survive longer than placements in kinship care families (log rank = 5.04; df = 1; p = 0.02). Neither the type of household nor the foster parent's age influenceed (respectively log rank = 1.76; df = 1; p = 0.18 and log rank = 1.96; df = 1; p = 0.16) the survival time.

Cox regression

All variables (gender, age, ethnicity and foster child's behavioural problems; reason for placement, number of placement changes and the referring authority; foster parent's age, type of household and the foster family type) were univariately inserted in a Cox regression-analysis. Only the variables: foster child's age ($\chi^2 = 14.29$; df = 1; $p < 0.001$), foster family type ($\chi^2 = 4.94$; df = 1; $p < 0.05$), behavioural problems ($\chi^2 = 6.43$; df = 1; $p < 0.05$) and the reason of placement ($\chi^2 = 6.16$; df = 2; $p < 0.05$) significantly predicted a breakdown. Insertion of these variables in one model (Forward LR) resulted in a significant model ($\chi^2 = 15.57$; df = 2; $p < 0.001$) with only two variables: foster child's age (Exp (β) = 1.09; $p < 0.01$) and behavioural problems (Exp (β) = 1.35; $p < 0.05$).

Discussion

As far as we know, this is the first Flemish study examining how many foster care placements terminate prematurely and unintentionally, and which factors, known at start of the placement, contribute to it. Breakdowns are a constant worry. The decision to place a child in foster care is preferably based on criteria maximizing the chances of a successful ending and not on family ideological, political and/or economic considerations (Scholte, 1995). A breakdown is after all a traumatic event. Moreover, it can accelerate the foster parent's commitment to end (Gilbertson & Barber, 2003).

More than half of the examined case files broke down. Internationally the breakdown-number is estimated at 25-50% (Minty, 1999; Sallnäs et al., 2004). A possible explanation for the high breakdown-number is the use of a broad breakdown-definition. All prematurely and unintentionally terminated placements were considered as breakdowns. Placements ended by the bio-

logical parents against advice, and masked breakdowns were included too. Other researchers tend to use more narrow definitions, and do not think of these last terminations as breakdowns. Still others (for instance James, 2004) use a very narrow definition and only call placements ended because of behavioural problems a breakdown. Using such definition, James (2004) found only 20% of the terminations could be called breakdowns.
Another explanation may be the rather long study period (six to seven years). Researchers tend to use rather short research periods (for instance Barber et al. (2001): four months), which lessens the risk of breakdown. Finally, it can be added that today foster care is difficult. Foster parents are expected to raise children in a society where it is unclear which parenting principles count (Walravens, 2005). Moreover, foster children nowadays tend to have more behavioural problems (Wilson et al., 2000).

On the other hand, this high breakdown-number can indicate serious problems concerning the offer and indication. There is a lack of youth care services in Flanders. This lack results not only in increasingly longer waiting lists, but also in a growing number of parents and children who cannot receive the help they need. Furthermore, the non-programmed offer, such as foster care, is more used. This means that foster care can be opted for when no other solutions are at offer. These placements are not always in the best interest of the child and his family. This is not a typical Flemish phenomenon, so proves a Dutch study. Out of 120 children referred to a foster care service, only 70% had a foster care indication (Robbroeckx & Emans, 1997).

There is a lack of assessment and indication (Barber & Delfabbro, 2003). Moreover, the criteria to indicate foster family care are unclear and probably not the same for all social workers (Vervotte, 2006). However, children for whom assessments have been made, have less risk of breakdown (Sallnäs et al., 2004).

Of all variables only the foster child's age, foster family type, behavioural problems and the reason of placement are significantly associated with breakdown. Of these four last variables, age and behavioural problems best predict the risk of a shorter survival time.
Researchers often disagree on the role of sex in breakdown. Some found, like we did, no significant differences between boys and girls. Others (Palmer, 1996; Webster et al., 2000) did find a difference: boys were more at risk of a quicker breakdown. The question can be raised, whether this association is not the result of boys having more behavioural problems. Behavioural problems are then a more correct predictor for breakdown than gender. Our data seem to support this hypothesis. Gender is not being held back in the definitive model. Behavioural problems, though, predict the risk of a quicker breakdown.

Just like other international research material, we found that children, who are older at start of the placement, were significantly more at risk of a quicker breakdown (a.o. Barber et al., 2001; James, 2004; James et al., 2004). There are several possible explanations for this phenomenon. Older children have more behavioural problems, which makes the foster parents to end the placement more quickly. This is no explanation as far as our sample is concerned, because older children did not have more behavioural problems than younger children. Another explanation may be that older children have experienced more placement changes, which makes them less prepared to adjust to the new foster family. This enhances the risk of breakdown. However, this argument does not hold either, because children placed directly from the biological family did not differ from children experiencing several placement changes, concerning the risk of breakdown. Another explanation could be that older children are more damaged by a longer stay in their biological family before being placed. Consequently, these youngsters may be more suited for residential care instead of foster care. Finally, with older children the risk of the foster child ending the placement against the advice of the social worker increases. Many foster children initiate a breakdown (25 to 48%) (Kalland & Sink-

konen, 2001; Sallnäs et al., 2004). In our broad definition, the latter are labelled breakdowns. Others might consider a reunification or independent living to be a positive ending. This can be questioned. The return to an inadequately improved home or the start of independent living prematurely can lead to even more problematic situations (Kalland & Sinkkonen, 2001; Sallnäs et al., 2004).

All studies (e.g. Barber et al., 2001; James et al., 2004; James, 2004; Newton et al., 2000; Palmer, 1996; Sallnäs et al., 2004; Strijker & Zandberg, 2004) confirm that the placement of a child with more behavioural problems will lead more rapidly to a breakdown. Notice however, that behavioural problems can be both the cause and the consequence of breakdown. This indicates the importance to prevent breakdown.
Based on these results, we could conclude that foster care is not desirable for adolescents with behavioural problems. Some even dare to say that foster care only is advisable for children without behavioural problems (Barber et al., 2001). But for now, we wouldn't go that far. For it is not yet clear if all children had an indication for foster care, if there was a sufficient match between foster parents and children, etc. Moreover, part of the breakdowns might have been prevented. When asked about what could have prevented the termination due to behavioural problems, almost all foster parents answered that they needed more support. They wanted more information and training on managing adolescents, an immediate crisis response service and a child mentor (Gilbertson & Barber, 2003). Flemish foster parents as well need support with "the foster child's behaviour and characteristics" (Van Holen, 2005). Next to this, a breakdown emergency plan and multiplex placements (alternating stays in different foster families or care units when there is risk of breakdown) are suggested as a solution (Sallnäs et al., 2004). Psychotherapeutic counselling by external services can also be a way out.
Behavioural problems being one of the two strongest predictors for breakdown, points out that early identification is very important. A better understanding on the nature and importance of the behavioural problems will make possible a better matching of youngster and foster family or the choice for other forms of youth care.

The risk of breakdown is smaller in non-kinship foster care than in kinship care. There is only one study known to us reporting no significant influence of the type of foster family (Strijker & Zandberg, 2004). Most studies find the lowest rates of breakdown in kinship foster care (Sallnäs et al., 2004; Webster et al., 2000). The latter supports the idea that – compared to non-kinship care – kinship care is more acceptable for both the biological parents and the foster child, that the foster child fits in better, that parenting goes more naturally (Berrick, Barth, & Needell, 1994), that family members hold out longer in difficult times (Sallnäs et al., 2004), and that the (traumatic) experience of placement is softened by placing the children with people they are familiar with (Shlonsky & Berrick, 2001). We found the reverse: placements in non-kinship care survived longer than placements in kinship care families. This is not surprising, for kinship carers are more often older and single. On top of that, they are lower educated, have worse health and are less intensively supported (Berrick et al., 1994; Harden, Clyman, Kriebel, & Lyons, 2004). This can influence the survival-time. Moreover, the parenting load of the foster child does not depend on the foster family type but on the foster child's behavioural problems. Finally, a placement in kinship care is often less planned than a placement in non-kinship care (Berrick et al., 1994). So these families have not been screened, were hardly prepared, and matching barely took place. For example in this study all children in kinship care already stayed in this family at start of the placement. The items mentioned above might be more decisive in the occurrence of breakdown than the foster family type.

This study has some limitations. The 100 case files were all initiated and followed up by the same foster care service. This service's selection and support policy might have influenced the results. Moreover, sixteen files were destroyed at the start of the study. All this requires being careful in generalizing the results. The case file analysis focused on a limited data set, which

implicates that some elements remained unknown. Moreover, specific variables were difficult to scale with case file analysis (e.g. behavioural problems). On the other hand, the caseworker was consulted to clear fuzziness. Moreover, the social worker's report proved to be a more reliable predictor for breakdown than the foster parent's report (Leathers, 2006). Finally, with survival analysis only satisfactory stable variables can be used. We wish to make one final remark on the concept of breakdown. A breakdown does not necessarily mean that the placement as a whole ended negatively. It is possible a placement went well for a few years, but still broke down.

Foster care breakdown numbers are alarmingly high in Flanders: more than half of the placements terminate unintentionally and prematurely. Older children with behavioural problems are more at risk of breakdown. A limited number of family factors known at start of the placement seem not to play a role. Attention must be paid to behavioural problems at start of the placement, and the support of foster parents in managing these problems. The importance of assessment before foster care is initiated, is extremely high. A decrease in the breakdown number is necessary, for the child welfare system to avoid long-term damage.

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