Article details

Vanderfaeillie J., Goemans A., Damen H., Van Holen F. & Pijnenburg H. (2018), Foster care placement breakdown in the Netherlands and Flanders: Prevalence, precursors, and associated factors., Child and Family Social Work 23: 337-345.
Doi: 10.1111/cfs.12420

DOI: 10.1111/cfs.12420

WILEY CHILD & FAMILY SOCIAL WORK

ORIGINAL ARTICLE

Foster care placement breakdown in the Netherlands and Flanders: Prevalence, precursors, and associated factors

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Abstract

Family foster care is the option of choice for children in need of out-of-home care in Flanders and the Netherlands. Foster care is however a vulnerable intervention, and questions can be raised as to its efficacy. Although the literature on placement breakdown has made significant progress during the last years, empirical knowledge regarding breakdown in Flanders and the Netherlands remains scant. Consequently, this study aimed at investigating prevalence and precursors of breakdowns in long-term foster care, the duration of placement before breakdown, and the association of child and placement characteristics with breakdown. Case files of 271 Dutch and 309 Flemish foster children were analysed with a coding scheme designed for this study. After 6 years, 398 placements had terminated: 169 placements broke down and 229 placements ended positively. Placements broke down mainly because of behavioural problems of the foster child, foster parents' parenting problems, and conflicts between birth and foster parents. Foster children with behavioural problems, older foster children, foster children denied treatment, and foster children in care because of sexual abuse were more at risk of breakdown. Assessing these factors is important when evaluating the appropriateness of a family foster care placement.

KEYWORDS

breakdown, case file analysis, child welfare outcomes, family foster care

1 | INTRODUCTION

Family foster care is increasingly the option of choice for children in need of out-of-home care. Family foster care is however a vulnerable intervention, and questions can be raised as to its efficacy as is shown by the high number of placement breakdown (premature terminations of placements for negative reasons; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007).

The breakdown percentage is estimated at 20–50% within the first 2 to 5 years of placement (Minty, 1999). In Dutch-speaking countries (Flanders and the Netherlands), foster care breakdown rates between 23% and 54% are reported within 1.5 to 6 years (Strijker, Knorth, & Knot-Dicksheit, 2008; Strijker & Zandberg, 2004; Van Oijen, 2010; Van Rooij, Maaskant, Weijers, Weijers, & Hermanns, 2015; Vanderfaeillie, Van Holen, & Coussens, 2008).

Breakdown is associated with several undesirable outcomes. For foster children, a disruption leads to movements from one place to another, forcing children to adapt to new environments and resulting in loss of social relations. A breakdown can promote difficulties in trusting adults, an onset or increase of behavioural problems, a heightened risk of poor educational outcomes, and a decrease of the likelihood of successful reunification with the parents (Gilbertson & Barber, 2003; James, 2004; Newton, Litrownik, & Landsverk, 2000; Palmer, 1996; Sallnäs, Vinnerljung, & Westermark, 2004; Strijker et al., 2008). Some youngsters end up living independently too soon, which can result in poor quality of life (Sallnäs et al., 2004). A breakdown demoralizes foster carers and can lead to the cessation of the foster parent engagement. Moreover, it results in supplementary casework for the staff including finding a new out-of-home placement for the child (James, 2004).

Causes of a breakdown are related to the foster family (e.g., foster parents disagreeing with court rulings), to the birth family (e.g., verbal abuse and threats by birth parents towards foster parents), or to the child (e.g., behavioural problems; James, 2004; Kalland & Sinkkonen, 2001). Because of the negative consequences of breakdown, more knowledge on why breakdown happens and how

to prevent breakdown is needed. To date, many studies already have been performed on factors related to breakdown (e.g., Oosterman et al., 2007). However, in view of differences between continental European foster care systems including the Flemish and Dutch systems, and Anglo-Saxon systems, assuming that results can be generalized is not justified. Empirical knowledge regarding breakdown in Flanders and the Netherlands remains limited. Moreover, this scant research examined only a limited number of variables. This study sought to improve empirical knowledge into the prevalence and the factors that contribute to breakdown. Below, we start with an overview of the characteristics of the Flemish and Dutch foster care systems followed by a brief narrative overview of factors associated with placement breakdown in the literature focusing on Dutch-speaking countries versus other countries.

2 | FOSTER CARE IN FLANDERS AND THE NETHERLANDS

When there is an indication of a need of a formal intervention, Dutch and Flemish foster children fall under the Youth Care act. In both countries, similar legislation and procedures apply. A recommendation for youth care is issued if the integrity and/or well-being of the child are threatened. The need for an out-of-home placement is established by social workers of child and family social services (CFSS; voluntarily placements) or by juvenile judges (court-ordered placements). In the case of a court-ordered placement, parental rights over the child and formal decision powers are placed in the hand of a juvenile judge (in Flanders) or a supervising agency (in the Netherlands). Social workers of CFSS or juvenile courts monitor the out-of-home placement approximately each 6 months. They also decide on arrangements such as the contact frequency of the foster child with his/her parents. An out-of-home placement can be a placement in residential care or in family foster care. In both countries, a family foster care placement is the option of choice. Dutch and Flemish foster care placements are temporary measures that end at the latest when the child comes of age. Long-term foster care is used to create permanency. In contrast to legislation of Anglo-Saxon countries, the option of reunification is possible at any moment of a (short- or long-term) foster care placement and family reunification remains an active policy. Permanent placement through adoption is not possible. When a foster care placement comes to an end (reunification or breakdown), CFSS or juvenile judges decide on the need of future help. In case of a breakdown, the latter services decide in agreement with the foster care services whether a new foster care placement or residential care is the most appropriate. Pre-service training of foster parents in both countries is similar by the use of the Model Approach to Partnership in Parenting (Mayers-Pasztor, 1987). Foster care agencies of both countries have the same tasks: recruitment, selection/screening and matching of foster children and foster families, and the monitoring of foster care placements. In addition, they organize support for the foster child, optimize contacts with parents and family, and coach and train foster parents (Verreth, 2009). In contrast to Anglo-Saxon countries, in Flanders and the Netherlands foster care is less used for children with *child* problems (Vanderfaeillie, Damen, Pijnenburg, van den Bergh, & Van Holen, 2016). Serious disturbed children are more likely to be placed in residential facilities.

3 | FOSTER CHILD CHARACTERISTICS ASSOCIATED WITH BREAKDOWN

Most studies, including Flemish and Dutch studies, found that the breakdown risk increases with the age of the foster child (Akin, 2011; Oosterman et al., 2007; Rock, Michelson, Thomson, & Day, 2015; Strijker & Zandberg, 2004; Vanderfaeillie et al., 2008). Evidence for associations between breakdown and other demographic factors is much weaker (Rock et al., 2015), although Webster, Barth, and Needell (2000) found that belonging to an ethnic minority was associated with placement disruption in the United States. In a Dutch study of Van Rooij et al. (2015), immigrant foster children experienced more unplanned terminated placements compared to nonimmigrant foster children. Research, including Flemish/Dutch studies, found a relationship between behavioural problems and mental health problems of the foster child, and breakdown. The evidence was most consistent for externalizing problems (Oosterman et al., 2007; Rock et al., 2015; Strijker et al., 2008; Van Rooij et al., 2015; Vanderfaeillie et al., 2008). Children with previous placements experience more placement breakdown (Oosterman et al., 2007). Qualitative evidence suggests that breakdown leads to the child disconnecting from people, resulting in an increased breakdown risk. Newton et al. (2000) add to this that behavioural problems not only lead to a breakdown, but behavioural problems can also be the result of a breakdown and thus increasing the breakdown risk. In a Flemish (Vanderfaeillie et al., 2008) and a Dutch (Van Rooij et al., 2015) study, the association of previous placements and placement breakdown was not found. One Dutch study however (Strijker et al., 2008) did find a relationship between previous placements and breakdown.

4 | FOSTER PLACEMENT CHARACTERISTICS ASSOCIATED WITH BREAKDOWN

Reason for placement is associated with breakdown: Children removed because of mental health problems experience more breakdown than children in care because of parenting and/or familial problems (Oosterman et al., 2007). Focusing on parenting problems, children removed because of abuse experience more breakdown than children in care because of neglect (Oosterman et al., 2007). The evidence relating breakdown to abuse the foster child experienced is however not compelling (Oosterman et al., 2007; Rock et al., 2015). In Flanders, Vanderfaeillie et al. (2008) found a trend for sexually abused children to experience more breakdown than physically abused children. The latter in turn experienced breakdown more often than did neglected children. In line with this result, in the Netherlands, neglect was found to be negatively associated with breakdown compared other forms of abuse such as emotional, physical, and sexual abuse (Strijker & Knorth, 2009).

Although some evidence shows that children in kinship care experience less breakdown than children in nonkinship care (Rock

et al., 2015; Winokur, Holtan, & Batchelder, 2014), Oosterman et al. (2007) did not find an association between breakdown and kinship care, neither did a recent Norwegian study (Holtan, Handegard, Thornblad, & Vis, 2013). One Dutch study found a negative association between breakdown and kinship care (Strijker et al., 2008), whereas another did not find a relationship (Strijker & Zandberg, 2004). Flemish children in kinship care were even found to experience more breakdown (Vanderfaeillie et al., 2008).

The presence of foster carers' biological children is associated with breakdown, because it can lead to situations of jealousy and rivalry (Oosterman et al., 2007; Rock et al., 2015). Thereagainst, the presence of other foster children is associated with placement stability (Rock et al., 2015). To the best of our knowledge, as yet no Dutch or Flemish study examined this relationship.

Evidence regarding the effects of contact between parents and foster children on the likelihood of breakdown is inconclusive (Oosterman et al., 2007; Rock et al., 2015; Vinnerljung, Sallnäs, & Berlin, 2017). Whereas some studies find that frequent contact increases the risk of breakdown (e.g., Sallnäs et al., 2004), others find that frequent contact with the parents protects against breakdown (e.g., Lopez Lopez, del Valle, Montserrat, & Bravo, 2011). To date, no Dutch or Flemish study investigated the effects of child and birth family contacts on placement stability.

Many studies examined the effects of various forms of foster parent, parent, and foster child treatment on placement breakdown. Support and training of foster parents can enhance placement stability (Bywater et al., 2011; McNeil, Herschell, Gurwitch, & Clemens-mowrer, 2005; Nilsen, 2007; Timmer, Urquiza, & Zebell, 2006). However, only small effects of parenting programmes on behavioural problems, psychological functioning, and interpersonal functioning of the foster children, and consequently on breakdown were found (Turner, Macdonald, & Dennis, 2009). Although Kalland and Sinkkonen (2001) found that treatment of foster children protected against breakdown, a recent Spanish study found more breakdowns in cases involving treatment (Lopez Lopez et al., 2011). To date, no Dutch or Flemish study investigated the effects of foster parent, parent and foster child treatment on placement stability.

5 | RESEARCH QUESTIONS

Although the international literature on breakdown has made significant progress, at some points, results are inconclusive (e.g., association of breakdown with the kind of abuse experienced and with kinship care). In addition, empirical knowledge regarding breakdown in Flanders and the Netherlands remains scant. Moreover, only a limited number of variables were researched. Examining these understudied factors (e.g., child and birth family contacts and foster parent, parent and foster child treatment) is important, given the likely limited generalizability of research findings from Anglo-Saxon countries. Consequently, the purpose of the present study was to investigate prevalence and precursors of breakdown in long-term foster care (expected duration of placement of more than 1 year by the foster care worker), the duration of placement before breakdown, and to explore the association of child and placement characteristics with breakdown.

6 | METHOD

6.1 | Procedure and sample

It was decided that the research window would be 6 years and that around 600 cases (300 Dutch/Flemish cases, respectively) of foster children in long-term foster care were necessary (Long, 1997; Peduzzi, Concato, Feinstein, & Holford, 1995). All approached foster care services participated in the study: two out of five Flemish foster care services and three out of 28 Dutch foster care agencies. The Dutch agencies were spread across the Netherlands and covered both urban and rural areas. All foster children were included who were placed—voluntarily or on court order—in long-term foster care in 2007. Insofar as the number of accessible files proved to be too small to reach the required number, files of from previous years were included consecutively. Because including siblings can lead to autocorrelation (Guo & Wells, 2003), only one sibling, randomly chosen, was included. The final sample consisted of 580 (309 Flemish and 271 Dutch) files of foster children placed between 2004 and 2007.

As data collection was carried out by several trained researchers, interrater reliability was assessed based on 75 randomly selected files. Interrater reliability of the placement ending (breakdown or not) was $\kappa = .81$, agreement regarding reasons for breakdown was $\kappa = .92$ for problem behaviour, $\kappa = .41$ for conflicts with parents, and $\kappa = .46$ for problems with the foster parents, with κ's between .41 and 1.00 representing moderate to very good agreement (Landis & Koch, 1977). The correlation of the behavioural problems scores at admission and after 6 months was large (respectively $\rho = .72$, $p < .001$ and $\rho = .70$, $p < .001$), again showing a good interrater reliability (Cohen, 1988).

6.2 | Instruments

Case files were analysed with a coding scheme consisting of questions regarding the placement ending and factors related to the foster child and the placement.

6.2.1 | Placement ending

Researchers examined the ending of all placements. Breakdown was defined as an unintentionally and prematurely terminated placement for negative reasons such as behavioural problems and conflicts between biological and foster parents. Masked breakdowns (Sallnäs et al., 2004) were included, that is, cases where all parties agreed on the placement ending, yet case information convincingly indicated that a continuation of the placement was impossible because of the abovementioned problems. Examples of a positive ending are planned reunification, intended independent living, and aging out of foster care. Negative reasons unconnected to the foster care placement, such as the death of a foster parent or a relation break-up of the foster parents, were not coded as breakdown.

6.2.2 | Child characteristics

Gender, age at start of the current placement, ethnicity, and reason(s) of removal were recorded. Regarding the reasons of removal, the occurrence of following problems was coded: parenting problems, personal problems of birth parents, living circumstances family,

neglect, physical abuse or sexual abuse, and the foster child's mental problems. The child's placement history was assessed by the number of movements from entering care. A movement was defined as each transfer to another living environment, including a return home (Strijker et al., 2008). The current placement was not included in the number of movements. Behaviour problems at admission and during the current placement (a minimum of 6 months from admission) were measured by the Behavioural Problems Questionnaire as used by Barber, Delfabbro, and Cooper (2001). This questionnaire comprises 13 items in a 3-point response format. The list codes behaviour as reported by the foster care worker in the case file. Cronbach's alphas of the two measurements amount to .78 at admission and to .80 at the second measurement.

6.2.3 | Placement characteristics

The following placement characteristics were recorded: duration of foster care placement, referring authority (voluntarily or court ordered), foster family's household composition (single-parent, two-parent), type of foster family (kinship vs. foster care), foster mother's and foster father's age at start of the current placement, number of biological children of the foster parents, number of other foster children in the foster family, contact with birth family (yes/no), and treatment for foster parents, foster children, and parents (yes/no).

7 | STATISTICAL ANALYSIS

First, descriptive analysis was done. Second, Cox regression was used to examine the association of risk factors (n = 27) with duration of placement before breakdown for variables with a maximum of 5% missing data (excluding five variables; Acuna & Rodriguez, 2004) while controlling for "country" (the Netherlands or Flanders). Examination of the association of risk factors with duration of placement as a selection criterion before inclusion in a multivariate model was necessary because past research in Flanders and the Netherlands was scarce, several new variables were researched and statistical stepwise procedures are best avoided (Tabachnick & Fidell, 2007). Cox regression is particularly useful when the time to event has yet to occur for some cases because it incorporates information from censored cases and those cases for which survival time is yet unknown (i.e., children who have yet to exit foster care). In addition, Cox regression utilizes duration information in the model, controls for effects of independent variables, and permits both categorical and continuous independent variables. Finally, cases from long-term foster care were analysed: placements intended to last as long as possible. So identifying variables that precede a premature ending is useful. The assumption of the proportionality of hazards was examined by calculating for each covariate and "country" a time-dependent covariate (covariate × natural logarithm of time). These time-dependent covariates were added to the model. An alpha of .025 (0.05/2) was used because two time-covariate interactions were evaluated (Tabachnick & Fidell, 2007). For "behavioural problems during placement" and "number of other foster children," the assumption of proportional hazard has been broken. Consequently, univariate Cox regression analysis was not done for these variables.

Third, all significant variables and "country" were inserted in one Cox regression analysis. The proportionality of hazards was examined in the same way. An alpha of .006 (0.05/9) was used as nine time-covariate interactions were evaluated. As none of the covariates significantly interacted with time, the assumption of the proportionality of hazards was considered to have been met.

As in Flanders and the Netherlands retrospective noninterventional studies of anonymized data do not require formal approval of an ethics committee, this was not sought. Approval was obtained from the participating foster care agencies for the use of their anonymized data. Furthermore, the study was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki, its later amendments, and comparable ethical standards.

8 | RESULTS

8.1 | Description of the sample

The sample consisted of 580 case files of 256 boys and 324 girls with a mean age of 9 years (SD = 5.49) at start of the current placement. Most foster children (n = 417, 72%) were of West-European origin and placed because of parenting problems (n = 504, 87%), personal problems of the parents (n = 459, 79%), or living circumstances of the family (n = 357, 62%). In addition, 234 (40%) foster children were placed because of abuse and neglect: 55 (9%) foster children were sexually abused, 118 (20%) were physically abused, and 147 (25%) were neglected. Next to factors associated with the birth parents, 176 (30%) foster children were placed because of their own mental health problems. For 300 (52%) foster children, the current placement was the first out-of-home placement. The mean number of movements was 1.09 (SD = 1.65). Age of the foster child and number of movements correlated significantly (r = .12, p < .01).

Using a research window of 6 years, mean foster care placement duration was 39 months (SD = 7.42); ended placements had a mean duration of 25 months (SD = 19.77). Sixty-four percent of the children (n = 369) were placed on court order basis. Most foster children were placed in kinship care (n = 351, 61%) and stayed in a two-parent foster family (n = 433, 75%). Many foster children (n = 473, 82%) had contact with their birth family. In 371 (67%) foster families, no other foster child was present. In 117 (21%) foster families, a second foster child, and in 69 (12%) foster families, at least two more foster children were present. During the placement, additional treatment was organized for 119 (21%) foster parents, 195 (34%) parents, and 280 (48%) foster children (Table 1).

8.2 | Ending of placement

After 6 years, 398 placements (69%) had terminated: 169 placements (29%) broke down and 229 placements (39%) ended positively. The life table (Table 2) shows that the risk of breakdown was highest during the first 18 months of the placement. After that period, the risk of a breakdown gradually decreased. Reasons for breakdown were behavioural problems (n = 129, 76%), foster parents' parenting problems (n = 71, 42%), conflicts between biological parents and foster parents (n = 43, 25%), and foster parents disagreeing with decisions

TABLE 1 Characteristics of sample

Variable	Total *n* (%)/mean (*SD*)
Characteristics foster child	
Gender[a]	
Boy	256 (44%)
Girl	324 (56%)
Age at start of placement[a]	9.10 (5.49)
Ethnicity[a]	
West European Union	417 (72%)
Immigrant[b]	163 (28%)
Behavioural problems at start[a]	2.36 (3.36)
Children with score 0	282 (49%)
Children with score ≥1	298 (51%)
Behavioural problems after 6 months	2.32 (3.54)
Children with score 0	297 (51%)
Children with score ≥1	283 (49%)
Number of movements from entering care[a]	1.09 (1.65)
None	300 (52%)
≥1	278 (48%)
Unknown	2
Referring authority[a]	
Voluntary	209 (36%)
Juvenile court	369 (64%)
Unknown	2
Characteristics foster family	
Type foster family[a]	
Kinship care	351 (61%)
Nonkinship care	228 (49%)
Unkown	1
Single-/two-parent foster family[a]	
Single-parent	147 (25%)
Two-parent	433 (75%)
Own children foster family	1.14 (1.43)
Unkown	44
Other foster children	.55 (.99)
Unkown	23
Age foster mother at start of placement	46.31 (11.03)
Unkown	115
Age foster father at start of placement	46.55 (11.83)
Unkown	150
Characteristics placement	
Duration placement (all)	39.13 (27.42)
Duration placement (ended)	24.51 (19.77)
Contact with birth family[a]	473 (82%)
Unknown	4
Reason placement	
Mental health problems child[a]	176 (30%)
Parenting problems[a]	504 (87%)
Parental problems[a]	459 (79%)
Living circumstances family[a]	357 (62%)
Abuse[a]	234 (40%)
Type of abuse	
Sexual abuse[a]	55 (9%)
Physical abuse[a]	118 (20%)
Neglect[a]	147 (25%)
Treatment foster parents[a]	119 (21%)
Treatment parents[a]	195 (34%)
Treatment foster child[a]	280 (48%)
Ending of placement	
Number of placements ended	398 (69%)
Number ending positively	229 (39%)
Number breakdowns	169 (29%)
Characteristics breakdown	
Masked breakdown	27 (16%)
Reason breakdown	
Problem behaviour of child	129 (76%)
Conflicts with parents	43 (25%)
Problems with foster parents	71 (42%)
Foster parents disagree with social worker	5 (3%)

[a]Variables with maximum of 5% missing data and not violating the proportionality of hazards included in univariate Cox regression analysis.

[b]One or both parents of the foster child have a non-West European nationality.

taken by the social worker of CFSS or juvenile courts (*n* = 5, 3%; Table 1).

8.3 | Factors associated with breakdown

Only eight variables were significantly associated with breakdown. In none of the analyses, the variable "country" was significantly associated with breakdown. There was an increased risk of breakdown for foster children with more problem behaviour, who were older at start of the current placement, had experienced more movements, had not received additional treatment, had less contact with the birth family, had parents with less personal problems at time of removal, and who were placed in care because of their own mental health problems or because of sexual abuse (Table 3).

Including all significant variables and "country" in one Cox regression model resulted in a significant model ($\chi^2 = 86.242$; $df = 9$; $p < .001$) with four significant variables. The risk of breakdown increased with the age of the foster child at start of the current placement, its level of behavioural problems at admission, with sexual abuse being the reason for placement, and with a foster child's own mental health issues not being addressed therapeutically (Table 3).

9 | DISCUSSION

If family foster care is to fulfil the increasingly important role, it is being assigned in Dutch and Flemish child and family care and welfare care, it must become more clear in which cases family foster care is warranted and in which cases it is not. Prior international research indicated that placement breakdown is a major issue in

TABLE 2 Life table

Time in months in foster family (interval)	Number of foster children in foster family at beginning of interval	Number placements ending positively	Number placements exposed to risk	Number of breakdowns	Proportion breakdowns	Cumulative proportion of children still in foster care at end of interval	Probability of experiencing breakdown during interval	Risk of experiencing breakdown during interval, conditional upon surviving to interval (hazard rate)
0	580	26	567.000	37	.07	.93	.011	.01
6	517	29	502.500	33	.07	.87	.010	.01
12	455	38	436.000	28	.06	.82	.009	.01
18	389	29	374.500	17	.05	.78	.006	.01
24	343	24	331.000	14	.04	.75	.005	.01
30	305	10	300.000	11	.04	.72	.005	.01
36	284	15	276.500	5	.02	.71	.002	.00
42	264	18	255.000	4	.02	.70	.002	.00
48	242	9	237.500	4	.02	.68	.002	.00
54	229	9	224.500	7	.03	.66	.004	.01
60	213	9	208.500	6	.03	.64	.003	.00
66	198	10	193.000	2	.01	.64	.001	.00
72	186	185	93.500	1	.01	.63	.000	.00

family foster care. This study confirms this conclusion for the Netherlands and Flanders: About 30% of all placements broke down within 6 years, and the risk of breakdown was highest during the first 18 months of the placement. This percentage falls well within the range established by said international studies and studies done in Dutch-speaking countries (23–54%).

Placements ended prematurely mainly because of the foster child's behavioural problems, parenting problems of the foster parents, and conflicts between birth and foster parents. In line with most studies (Oosterman et al., 2007) and earlier Dutch and Flemish research (e.g., Strijker et al., 2008; Vanderfaeillie et al., 2008), in the current study, behavioural problems were the immediate cause of breakdown in about three quarters of breakdown. In addition, foster children with more behavioural problems at admission were at higher risk for breakdown. With each unit increase of the behavioural problems score, the risk of a breakdown increased by 14%. There is no doubt that foster children's behavioural problems affected their relationships with the foster parents, and that they constitute an important source of parenting stress.

TABLE 3 Associations with breakdown uni- and multivariately

	Univariately		Final model	
Variable	Wald	Exp(B)	Wald	Exp(B)
Age foster child at start of placement	24.283	1.078***	12.987	1.066***
Problem behaviour at admission	34.541	1.123***	38.720	1.140***
Number of movements	7.627	1.116**	1.939	1.061
Removal mental health problems	5.079	1.475*	.024	1.028
Removal sexual abuse	5.856	1.690*	5.293	1.657*
Removal personal problems parents	8.993	.591**	1.867	.776
Contact birth family	4.933	.658*	.358	.882
Treatment foster child	10.654	.595**	18.605	.486***
Country			.781	.858

Note. Removal because of foster child's mental health problems (0 = no, 1 = yes); removal because of sexual abuse (0 = no, 1 = yes); removal because of personal problems parents (0 = no, 1 = yes), contact with birth family (0 = no, 1 = yes), treatment of foster child (0 = no, 1 = yes), country (1 = Flanders, 2 = the Netherlands).

*$p < .05$.

**$p < .01$.

***$p < .001$.

The risk of breakdown increased by about 7% with each year the foster child was older at start of the current placement. This finding is in line with Flemish and Dutch studies as well as with studies from other countries (e.g., Oosterman et al., 2007; Strijker et al., 2008; Vanderfaeillie et al., 2008). There are several explanations for this phenomenon. A first one being that older children often have more serious behavioural problems, which makes parenting them more challenging. Another explanation may be that older children have experienced more placement movements. Consequently, they may be more disconnected and less prepared to adjust to yet a (new) foster family. This explanation was confirmed by our finding that foster child age at admission correlated significantly with the number of movements, and the finding of a 12% breakdown risk increase with each movement. These findings are compounded by the observation that in older children, the likelihood increases of the foster child insisting to end the placement (Holtan et al., 2013; Kalland & Sinkkonen, 2001; Sallnäs et al., 2004).

These findings constitute a compelling argument for assessing behavioural problems of foster children prior to admission, so that foster care workers are aware of the problem behaviour and foster parents can be prepared appropriately. Indeed, research found that children, who were assessed were less likely to experience breakdown (Sallnäs et al., 2004). In addition, it can be argued that foster care is not suited for adolescents with too serious behavioural problems (Barber et al., 2001). In this study, foster children who did not receive psychological treatment had about a 50% higher risk of a prematurely ending of the placement. This result underlines the importance of

treatment as soon the placement starts, particularly for foster children with behavioural problems.

About 42% of foster placements broke down because of foster parents' parenting problems. In addition, only a limited number of foster parents (21%) received additional support and treatment. Moreover, additional support of the foster parents did not protect against breakdown. Yet, when asked about what could have prevented breakdown, almost all foster parents mention more information and training on managing the foster child (Gilbertson & Barber, 2003). The lack of a protective effect of additional support may stem from the mostly rather small effects of the support offered (e.g., Jackson, 2002; Turner et al., 2009). Foster care workers visit foster parents too little, do not use evidence-based interventions, and are usually not trained in behaviour management techniques. In addition, practically speaking, it is not feasible for foster care workers to monitor if the skills taught are applied correctly and used appropriately by the foster parents. The assessment of the latter is important, considering research found that training foster carers did little to improve their understanding of the (problem) behaviour of their foster child (Pithouse, Hill-Tout, & Lowe, 2002). Besides the aforementioned ineffectiveness of in-service training and support, it should also be noticed that ineffective selection processes of foster parents (De Maeyer, Vanderfaeillie, Robberechts, Vanschoonlandt, & Van Holen, 2015) and ineffective preservice training (Dorsey et al., 2008) do little to promote the competence of foster parents. Still, even when selection and preservice training are of excellent quality, foster care stays an uncertain undertaking. This uncertainty arises from the difficulty of predicting how foster parents will manage the problem behaviour of the child. Furthermore, next to the qualities of the foster parents also the emotional alliance or chemistry between carers and foster child plays a role (Sinclair & Wilson, 2003). Without this chemistry, foster parents will never hold on when problems are presenting.

In our study, about 25% of the placements broke down because of conflicts between birth parents and foster parents. This is not surprising because much of the foster parents' burden and emotional strain are not directly attributable to the foster children's difficulties, but instead to problems between foster parents and birth parents. Other studies (e.g., Murray, Tarren-Sweeny, & France, 2011; Van den Bergh & Weterings, 2007) found that 70% to 100% of foster parents reported difficulties around the foster children's contact with the birth family and/or their involvement with the birth families. The difficulties include verbal abuse and threats by parents towards the foster parents, foster parents having issues around their own safety, and cultural differences between foster family and birth family. These conflicts may stem from the parents' opposition against the placement. As many placements of our sample were court ordered, the likelihood of such conflicts evolving was high.

In line with earlier Flemish research (Vanderfaeillie et al., 2008) but not with Dutch research, entering foster care because of sexual abuse increased the risk of breakdown by 64%. The interpretation of this finding is not self-evident. An explanation may be that many sexually abused children show developmentally inappropriate sexual behaviours. Most children with developmentally inappropriate sexual behaviours have interpersonal developmentally inappropriate sexual behaviours despite adult limit setting (Hall, Mathews, & Pearce, 2002). It is clear that as a result of the interpersonal nature of many of these sexual behaviours, other persons frequenting the foster home such as the children of the foster parents but also friends of the foster parents' children may be exposed or even be victim of these behaviours. Difficulties in limiting the foster child's inappropriate sexual behaviour and protecting others from these nondevelopmental expected behaviours may eventually result in a placement breakdown. In addition, strong associations between childhood sexual abuse and risk behaviour such as binge drinking, and alcohol and drug use are found (Hussey, Chang, & Kotch, 2006). Again, this behaviour may place persons frequenting the home of foster parents at risk and consequently increase the risk of a breakdown.

Being placed with relatives, such as grandmother/father and aunts/uncles, is often considered a strong protective factor in relation to breakdown. It is believed that kinship carers hold out longer as foster parents because the bonds between relatives are considered important even in case of serious problems (Sallnäs et al., 2004), that kinship care is more acceptable for both birth parents and foster child (Berrick, Barth, & Needell, 1994; Lopez Lopez et al., 2011), and that the (traumatic) experience of an out-of-home placement is mitigated by placing children with people they are familiar with (Shlonsky & Berrick, 2001). However, evidence regarding the association of breakdown with (non)kinship care is inconclusive. Moreover, selection effects should be considered. First, kinship carers, knowing the foster child, are less likely to care for a child with severe behavioural problems. Second, children with severe difficulties who encounter a large number of breakdowns are less likely to be placed with kin, and for these children, nonkinship or even residential care is considered (Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012). In line with the aforementioned, support for the protecting effects of kinship care was not found in the present study. The absence of an association may be explained by the fact that the possible protective effects of kinship care are counterbalanced by risk factors associated with kinship care. Kinship carers are more often older and single, have more limited economic resources, have a lower educational level, have poorer health, and are supported less intensively (Berrick et al., 1994; Harden, Clyman, Kriebel, & Lyons, 2004; Lopez Lopez et al., 2011). In addition, Flemish research found that nonkinship foster placements fare better on different aspects of contact with birth and the attitude of birth parents (Vanschoonlandt et al., 2012). Finally, kinship families are less screened hardly prepared, and matching is rarely an issue.

This study has implications for child and youth welfare policy and practice. Consideration of key factors, such as age of the foster child at start of the placement, behavioural problems prior to the foster care placement, and sexual abuse as a reason for placement, is key in view of the appropriateness of a foster care placement (cfr., Vanderfaeillie et al., 2016, argument for dynamic decision making). Foster care workers' awareness of the seriousness of youngsters' behavioural problems can boost the quality of the matching between them and a foster family and inform the fine-tuning of preservice training of foster parents. Training foster parents with evidence-based interventions focussing on the reduction of behavioural problems, and increasing parenting skills, could further reduce the number breakdowns. Next to this, a breakdown emergency plan and multiplex

placements (i.e., alternating stays in different foster families or care units) might be helpful measures (Sallnäs et al., 2004), especially when placements are at risk or when foster parents are about to give up. Finally, in order to prevent breakdown, foster children should receive treatment when this is called for. In this context, it should be noted that foster children do not always benefit from regular treatment (Bellamy, Gopalan, & Traube, 2010). Adaptation of evidence-based interventions seems necessary if they are to meet the needs of foster children effectively.

Strengths of the present study are the use of the biggest Dutch-Flemish sample to date and the inclusion of variables not previously researched in both countries. In addition, the use of a mixed sample of Dutch and Flemish foster children, and statistically controlling for a country effect, resulted in findings that are less dependent of local policies and practices. This study also has some limitations. All foster care cases were monitored by a limited number of foster care agencies. The services selection and support practices may have influenced the results. As a result, the generalization may be limited. Case files were used to extract data. This methodology depends on the accuracy of case records. Moreover, when examining the incidence of factors, it is not clear if not finding a factor in the case file means it was indeed absent, or if it was in fact present but was incorrectly noted in the file.

Finally, a reflection on the concept of breakdown: placement breakdown at a certain point in time does not mean the placement as a whole was a failure. Possibly, a placement went well for a few years before ultimately breaking down. Indeed, it was found that breakdown can have a developmentally beneficial net positive effect for the foster child and that valued lasting relationships with former foster families continued long after the child moved out (Holtan et al., 2013).

Foster care breakdown is a serious concern in foster care in the Netherlands and Flanders. Especially regarding foster children with behavioural problems, older foster children, foster children denied treatment when it is called for, and foster children in care because of sexual abuse are more at risk of breakdown. Behavioural problems should be assessed prior to placement. Moreover, effective support should be offered to the foster children and the foster parents. A decrease in the number of breakdowns is imperative, if the child welfare system is to provide effective support and avoid long-term damage to foster children.

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How to cite this article: Vanderfaeillie J, Goemans A, Damen H, Van Holen F, Pijnenburg H. Foster care placement breakdown in the Netherlands and Flanders: Prevalence, precursors, and associated factors. *Child & Family Social Work*. 2018;23:337–345. https://doi.org/10.1111/cfs.12420