



## Research article

# Psychosocial functioning in Dutch foster children: The relationship with child, family, and placement characteristics



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## ABSTRACT

Foster care is the preferred alternative for out-of-home care, but not necessarily beneficial for foster children's psychosocial functioning. This dilemma leaves researchers with a challenge to find out more about the factors related to foster children's social and emotional functioning. In a sample of 446 Dutch foster children we examined the extent to which three clusters of characteristics, those akin to the foster child, the foster family, or foster placement, were related to foster children's functioning at the time of research. Multivariate three-step hierarchical regression analyses were performed for three outcome variables: externalizing problems, internalizing problems, and prosocial behavior. We found that all three clusters of foster care characteristics were significantly related to foster children's functioning. Foster placement characteristics, in particular interventions aimed at foster children, explained the largest amount of variance in behavior problems. Children receiving interventions had more externalizing and internalizing problems. A possible explanation is that interventions are indicated for those foster children who are in the highest need of additional support. Prosocial behavior was particularly related to foster family characteristics. The results were mostly in line with international research. Careful screening and monitoring of the social and emotional functioning of foster children may help to identify problems at an early stage. In addition (preventive) support should be offered to those foster children and families who are in need of it.

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## 1. Introduction

Foster care is a form of child welfare in which foster parents provide for the care of children whose biological parents are unable to care for them. Foster care is seen by researchers (Dozier et al., 2014; Roy, Rutter, & Pickles, 2000; Webster, Barth, & Needell, 2000; Wilson & Conroy, 1999) and policy makers in the United States (AACWA, 1980) and in other countries (CRC, 2015; Legrand, 2015) as the preferred type of alternative care, because it ensures that children who cannot be cared for by their own families grow up in a family environment. It is supposed to offer continuity and stability of caregivers, and thereby provides the opportunity for children and foster parents to build close relationships. In western countries, foster care has grown over the last few decades and many children are placed in foster care each year (Nelson, Fox, & Zeanah, 2014; Pleegzorg Nederland, 2014; Stahmer et al., 2009; U.S. Department of Health and Human Services, 2015).

It is also in these countries that opinions about foster care are not unreservedly positive (Lawrence, Carlson, & Egeland, 2006; Lloyd & Barth, 2011; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006; Vanderfaeillie, Van Holen, Vanschoonlandt,

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Robberechts, & Stroobants, 2013). Foster placements are not as stable as one would hope (Minty, 1999; Van Rooij, Maaskant, Weijers, Weijers, & Hermanns, 2015), and studies on foster care have repeatedly revealed that foster children's lives are characterized by developmental challenges, not just before but also during foster care (Berkoff, Leslie, & Stahmer, 2006; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Frank, 1980; Jacobsen, Moe, Ivarsson, Wentzel-Larsen, & Smith, 2013; Lloyd & Barth, 2011; Minnis et al., 2006; Strijker, Knorth, & Knot-Dickscheit, 2008). Many foster children have experienced adverse life events, such as child abuse or neglect, before placement in foster care. In addition to this, separation from the biological parents and removal from the home of origin present challenges. As a consequence, many children enter foster care with developmental problems (Clausen et al., 1998; James, 2004; Simms, Dubowitz, & Szilagyi, 2000; Zorc et al., 2013). While in foster care, foster children face the task of getting used to a new home and family. Previous studies have shown that foster children run a higher risk of social and emotional problems than children in the general population (Farmer et al., 2001; Garwood & Close, 2001; Lanier, Kohl, Raghavan, & Auslander, 2014; Maaskant, Van Rooij, & Hermanns, 2014; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). Moreover, a recent meta-analysis on the adaptive and behavioral development of foster children showed that on average these children, during their stay in the foster family, did not improve with respect to adaptive functioning, and the intensity of either externalizing or internalizing problem behavior (Goemans, Van Geel, & Vedder, 2015). Foster children enter care with elevated levels of problem behavior and, on average, these problems do not diminish while in foster care.

The fact that foster care is the preferred alternative for unavailable family care in many countries, but not necessarily developmentally beneficial for the child, leaves researchers and care professionals with a challenge to find out more about factors that predict or explain children's social and emotional functioning. To date, many studies on foster care, mainly performed in the United States, provide an important stepping stone toward this end (Orme & Buehler, 2001; Rubin, O'Reilly, Luan, & Localio, 2007; Winokur, Holtan, & Batchelder, 2014). These studies, broadly speaking, focused on three clusters of characteristics, those akin to the (1) foster child (e.g., McWey, Cui, & Pazdera, 2010), (2) the foster family (e.g., Winokur et al., 2014), and (3) foster placement (e.g., Cantos, Gries, & Sliis, 1997). However, scant research has been performed on all three clusters in relation to foster children's social and emotional functioning simultaneously (cf., Maaskant et al., 2014). Further efforts to find out which clusters are most strongly related to foster children's functioning can provide guidance to foster care policies aimed at improving foster children's wellbeing and social adjustment. The outcomes of such efforts are likely beneficial to the matching of foster children and foster families, permanency planning, and support services for foster children and foster parents. Also, little is known about the role of factors such as the planning for reunification or whether the foster placement is voluntary or by a decision of the Juvenile Court. The current study aims to build on previous work by examining whether factors which, based on international research were seen to be related to children's functioning at the time of research, can be generalized to foster care in the Netherlands. In addition we aim to improve and expand knowledge necessary for supporting and creating evidence-based policy and practice worldwide by focusing on several understudied factors related to foster children's social and emotional functioning.

### 1.1. Foster care in the Netherlands

In the Netherlands, with a population of 17 million, currently over 21,000 children experience foster care and this number has doubled in just over ten years (Pleegzorg Nederland, 2014). An important difference between the Dutch foster care system and that of the United States, is the distinction between 'short-term' and 'long-term' foster care (Strijker et al., 2008). Foster care in the U.S. is always 'short-term' and temporal, because adoption and termination of parental rights are planned when children cannot return to their parents (Barber & Delfabbro, 2005; Barth, Wulczyn, & Crea, 2004). In contrast, in the Netherlands adoption after a period of foster care rarely takes place; foster care can either be short-term or long-term (Bastiaensen & Kramer, 2012), and permanency planning is a lengthy and less definitive process compared to the U.S. (Vedder, Veenstra, Goemans, & Van Geel, 2015). In short-term foster care, foster care is seen as a temporary intervention and is aimed at the improvement of the circumstances in the family of origin in order to reunify foster children with their own parents. In long-term foster care children can remain in foster care indefinitely or, in practice, until they reach the age of 18 and legally become adults. The aim of this type of foster care is to create continuity, stability, security and the best developmental opportunities for the foster child in the foster family. Some Dutch parents lose their parental authority in long-term foster care and other foster parents have a form of shared custody with a child welfare professional. However, all parents remain connected to their child and are still obliged to pay a share of the costs involved in feeding, clothing and educating the child (Bastiaensen & Kramer, 2012).

Foster care in the Netherlands can either be short-term or long-term, and the option for either type of foster care as well as the option for reunification can be evaluated repeatedly over time. This organization may contribute to more insecurity about the stability of foster placements as well as to more actual instability of foster placements than in the U.S. (Barber & Delfabbro, 2005; Van Santen, 2010; Vedder et al., 2015). Disrupted attachment and getting used to a new home and foster family represent developmental challenges for the foster child, which may have its influence on children's social and emotional functioning (Newton, Litrownik, & Landsverk, 2000; Stovall & Dozier, 1998). These differences between foster care systems are of importance in the interpretation and generalization of the results of studies. Country specific knowledge on whether and how foster child, foster family, and foster placement characteristics are related to children's social and emotional functioning is needed to validate and supplement previous studies. Policy makers should be wary about generalizing results because of these different conditions between systems (Punselie, 2006; Van Santen, 2010).

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