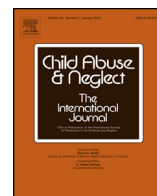




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Child Abuse & Neglect



Foster care assessment: A study of the placement decision process in Flanders



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ARTICLE INFO

Article history:

Received 15 October 2014

Received in revised form 15 March 2015

Accepted 5 April 2015

Available online 24 April 2015

Keywords:

Child welfare

Children in need (services for)

Foster care (Family)

Placement decision

ABSTRACT

Family foster care placement decision-making has a weak scientific underpinning. Mostly a 'variable-oriented approach' is taken, which requires a lot of information that is not always available. The identification of clusters of foster children with similar characteristics may be a more viable decision strategy. In this study we investigated if foster children could indeed be clustered, which problems were identified at the time of placement, and the influence of placement history. It proved possible to group foster children into two clusters: (1) young children with familial problems and few behavioral problems, and (2) older children with prominent child problems and behavioral problems. For foster children with and without placement history, problems associated with placement proved identical. Considering that a foster care placement did not result in fundamental change in the problems present at time of placement, the importance is stressed of approaching foster care assessment as part of a decision making process which looks back as well as forward. Placement decisions should be based on an appraisal of the appropriateness of foster placement as a solution for the child. In conjunction with this appraisal a decision is required on how parents can be supported toward reunification. Or – if this is not an option – whether long term foster care is the best option for the child and if so, what conditions need to be met.

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Introduction

A family foster care placement is the option of choice for children in need of out-of-home care, because foster families provide more continuity in relationships than for example a group home. Compared to children placed in institutions, foster children are more likely to grow up into well-functioning adults (Barber, Delfabbro, & Cooper, 2001; Strijker & Zandberg, 2001; Van Ijzendoorn, 2010). Family foster care is however a vulnerable intervention and questions can be raised as to its efficacy. Evidence for this can be found in the high number of breakdowns (premature terminations of the foster placement for negative reasons), the increase of behavioral problems among foster children during their stay in foster care, and the relatively unfavorable image of alumni foster children leaving foster care (Hermanns, 2010; Vanderfaeillie & Van Holen, 2010; Vanderfaeillie, Van Holen, Vanschoonlandt, Robberechts, & Stroobants, 2013). These problems may result from placing children in family foster care, for whom this intervention is not adequate (Vanderfaeillie, Van Holen, & Coussens, 2008). This often occurs when the assessment preceding the foster care placement was not carried out carefully.

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Foster children are a heterogeneous group having only one thing in common: they do not live with their parents (Enzlin, 1996). It is obvious that by placing only minors who are well suited for foster care, the risk of a placement breakdown can be minimized. Such a strategy would however be at odds with the current policy of considering foster care as the preferred option when out of home placement is required. Increasing our understanding of problems (parenting, familial and child problems) impacting the likelihood of a family foster care placement can result in more effective placement decisions. If family foster care is to fulfill its increasingly important role in youth care today successfully, it must become clearer in which cases this important child welfare intervention is promising. The aim of this study is to increase our understanding of the interrelation of child characteristics and (parenting, familial and child) problems at the time of placement.

Research into clusters of children in foster care

For birth parents and child alike placing a child out-of-home is a far-reaching decision. As in other countries, in Flanders out-of-home placement only comes into view when the upbringing of a child in its birth family is endangered and/or a child's safety or development (physical, affective, moral, intellectual or social) are threatened by relational conflicts and/or living conditions. The main reasons for placing a child in out-of-home care are parenting and familial problems, and behavioral and emotional problems in the child. Some authors argue that parenting problems (e.g. neglect and abuse) and familial problems (e.g. inadequate housing, poverty and domestic violence) carry more weight in placement decisions than do children's behavioral problems. In 75–80% of out-of-home placements parenting and familial problems are an issue (Britner & Mossler, 2002; Christiansen & Anderssen, 2010; DePanfilis & Scannapieco, 1994; Noonan & Burke, 2005).

At the same time, child problems are ignored in numerous empirical studies into factors influencing out-of-home placement decisions (e.g. Beeman, Kim, & Bullerick, 2000; Zuravin & DePanfilis, 1997). Contrarily, recent research from the US shows that child characteristics such as emotional and behavioral problems have a stronger impact on placement decisions than do familial and parenting problems. Moreover, comparison of older and more recent data suggests that in recent years emotional and behavioral problems are becoming more important (Bhatt-Sinclair & Sutcliffe, 2012). As a result, the role of child problems and how they relate to a foster placement compared to parenting problems and familial problems remain unclear. In addition, many researchers point out that out-of-home placement decisions are taken under conditions of uncertainty and ambiguity. As a result they are by and large unreliable and rarely rational and/or based on scientific knowledge (Christiansen & Anderssen, 2010). These decisions are strongly influenced by the decision maker's profession (e.g. juvenile court judges, child protection workers, social workers, and mental health professionals) and attitude toward out-of-home care, availability of out-of-home care services, and (regional) policy regarding placing children in out-of-home care (Arad-Davidzon & Benbenishty, 2008; Britner & Mossler, 2002; Knorth, 1995; Lindsey, 1992).

Once the decision for out-of-home care has been made, it must be determined whether the child is to be placed in a foster family or in residential care. The scientific basis for both residential and foster care placement decisions is very weak (Harder, Knorth, & Zandberg, 2006). For both types of decisions, mainly parenting problems such as poor child rearing skills are taken into consideration (Audenaert, 2010; Delfabbro, Barber, & Cooper, 2002). The decision to favor residential care over foster care, is mainly based on the consideration of possible contraindications for foster care. For child welfare workers (and policy makers) foster care is generally the preferred solution, unless there are contraindications such as previous placements (De Meyer, 2002). Strijker and Zandberg (2001) consider behavior by the foster child or his/her parents that can endanger the foster family to be contraindications. Contraindications most often mentioned in Flanders (and the Netherlands) are: delinquency of the foster child or birth parents; excessive use of alcohol or hard drugs; insufficient capabilities for relationship building; extremely deviant behavior, severe physical disabilities, mental disabilities or psychiatric disorders in the child, and opposition to the placement by the birth parents. Finally, Enzlin (1996) states that placement in a foster family is not appropriate for 'child problems', when the child's parents do not accept the foster placement or when the child cannot function within a family.

Considering that contraindications are useful but fail to indicate when foster care is appropriate Van Dam, Nordkamp, and Robbroeckx (2000) propose to make foster care placement decisions on the basis of nine central themes: demographic characteristics, placement history, family of origin (relationship with birth parents, acceptance by the parents of the placement. . .), cognitive development, physical development, socio-emotional development, problem behavior, and the need for structure and leisure activities. This 'variable-oriented approach' is based on a positive link between these variables and successful foster care placement. The problem with this approach is that it calls for a lot of information that is not always available (Gambrell, 2005). Also, it is likely that not all of this information is needed to arrive at good decisions, because some of these variables are interrelated. Moreover, it is unclear whether each variable is equally important, and how this information should be integrated in order to reach a balanced decision.

A 'profile-oriented approach' may provide a solution to the abovementioned problems. Such an approach assumes that children with similar characteristics can be grouped into clusters. By clustering foster children with similar characteristics into clearly distinct clinical groups, several variables can be taken into account simultaneously. Also, children can be identified as high-risk at an early stage. Different researchers have attempted to formulate such a profile typology (Delfabbro et al., 2002; Farmer, 1996; Strijker & Zandberg, 1999; Strijker, Zandberg, & Van der Meulen, 2005; Strijker, Zandberg, & Van der Meulen, 2000; Vanderfaeillie, Damen, Pijnenburg, Van den Bergh, & Van Hoven, 2014).

Strijker and Zandberg (1999) proposed four clusters of foster children using three variables (aggressive behavior, withdrawn behavior, and anxious/depressive behavior). The first (47%) and last cluster (18%) consisted of children with low

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