

Family fostering behind the dykes: Practice and research¹

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1 Introduction

Universities and other research institutes in the two Dutch speaking and culturally related countries in the EU, Belgium (Flanders) and the Netherlands, have paid relatively little attention to family foster care in the past. One of the few *international* publications from this region reporting *empirical* results in the last century was published in 1994 by Walter Hellinckx and Hans Grietens. They concluded that more than half of the foster children in Belgium showed modest to high levels of problem behavior. Comparable results in the Netherlands were reported by Strijker, Zandberg and Van der Meulen (2002).

No doubt Walter Hellinckx was, especially since the foundation of 'his' EUSARF network (with the 'F' of *foster care*), and still is one of the most maintaining advocates in defense of research in the foster care field. With this in mind we will present a selective overview of recent research in the Netherlands concerning foster care, with a focus on research projects of our own Alma Mater, the University of Groningen. To give meaning to this research some understanding of the Dutch legal and organizational context of foster care is useful. So we will first present information on the foster care system in the Netherlands (§ 2). In addition a few topical research themes and outcomes will be described (§ 3). The paper concludes with notes on the future (§ 4).

2 Practice

2.1 Regulations

In 1989 a Youth Care Bill was passed recognizing foster care as a separate, independent form of child and youth care, equal to ambulatory care, residential care and day treatment. Together

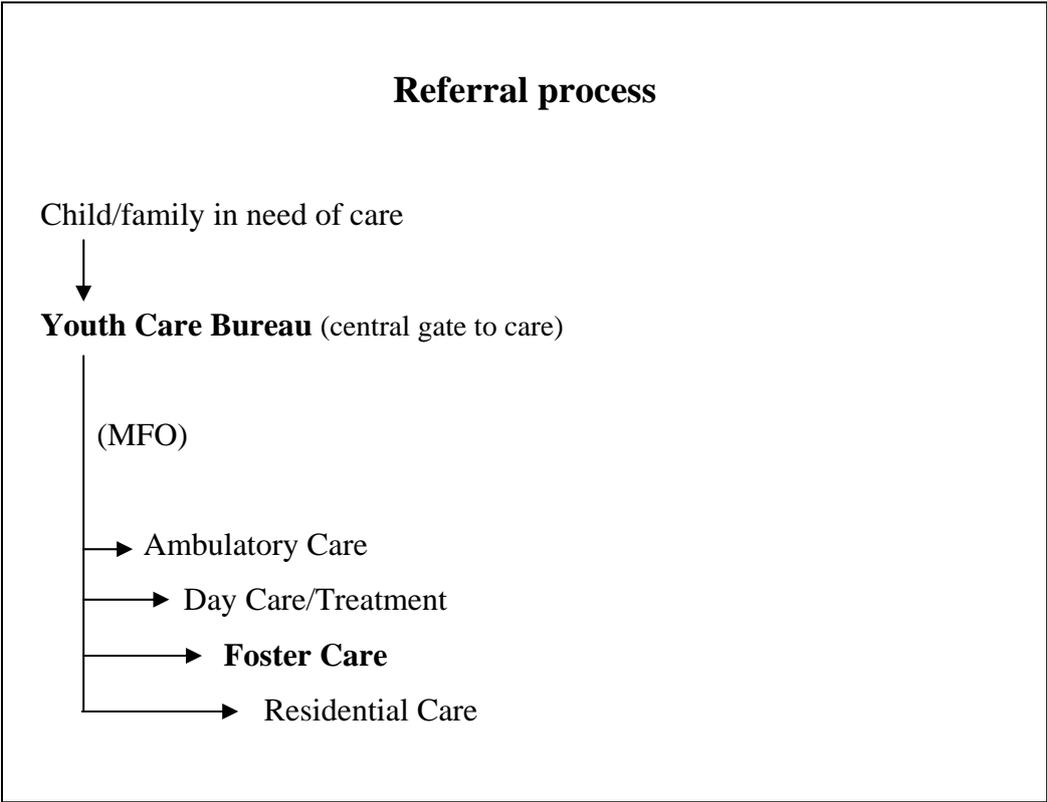
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with this Act important foster care *provisions* were created. With the passing of the 2005 Youth Care Act *care providers* substituted those provisions.

There are 28 foster care providers in the Netherlands. Three of them are nationally operating providers. One of these national foster care providers is specialized in the guidance of mentally disabled children; the other two are Christian-based care providers (one of them being the Salvation Army). The 25 foster care providers are part of as many multi-functional child and youth care organizations (MFO's), which in addition to family foster care provide for ambulatory care, residential care and day treatment. All these multi-functional providers are non-profit organizations.

Foster care treatment is not freely accessible; a referral from the Youth Care Bureau is mandatory. The Youth Care Bureau should be considered as the central gateway to care for youth and parents (see Figure below).



All care providers are obliged to provide the care assessed as imperative by the Youth Care Bureau. Government policy requires that by the assessment of care ambulatory care should be considered firstly, secondly day treatment, and thirdly foster care. If these care provisions not seem to fit or are exhausted, than residential care will be assessed.

2.2 Numbers

The Netherlands has 16.3 million inhabitants, including some 3.8 million minors. The number of children *making use* of foster care in 2006 adds up to almost 20.000. For residential care this number adds up to around 29.000 (cf. Knorth, 2005). Per January 2006 12.000 children were in foster care, receiving support from 11.750 foster families. The occupancy degree was 102 % from which can be derived that a waiting list is current for candidate fosters kids. This despite the extension of more than 1.200 foster care places in 2006. Particularly long-term foster care placements are growing. Per January 2006 long-term foster care placements add up to 43 %.

Well over one-third (35 %) of foster care arrangements concern *kinship foster care* (incl. network foster care). The quantity of kinship foster care is growing because the policy of foster care providers is focussed on searching firstly for foster parents in the direct environment of the candidate foster child. Kinship foster care is more prevailing in the big cities than in the country. Near one-third (30 %) of the foster children come from families with an ethnic-cultural minority background. Placement in a foster family with a similar ethnic-cultural background is relatively more prevailing in the city than in the country because minority groups in the city are more dense than in the country.

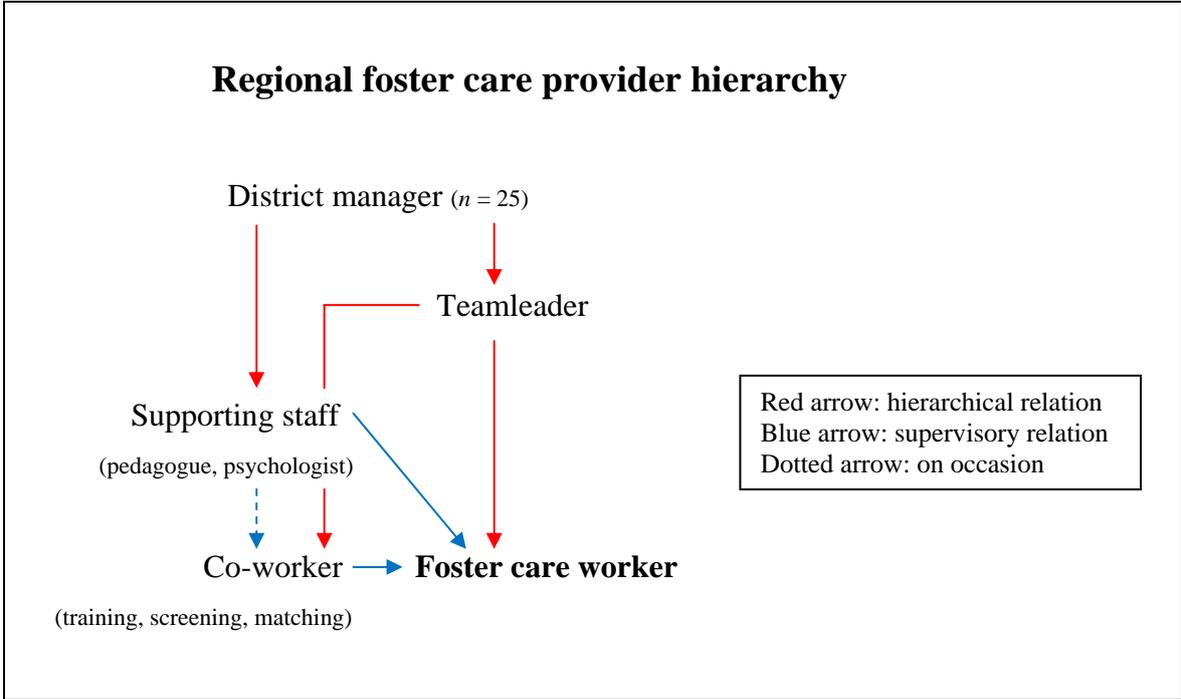
2.3 Organisation

In the Netherlands the supply of care is organized in terms of *modules*. Modules can be best defined as the smallest unity of supplied care. This system of modulated care makes it possible that a child and/or his or her parents can make use of one or more modules simultaneously or directly after each other. Care modules can be combined in a programme of care and each care provider is free in choosing any module of care from the programme. Most prevailing modules of care within the foster care system are: crisis intervention, re-unification support, holiday foster care, weekend foster care, day foster care, observation foster care (assessment) and the educational variant of foster care for care and upbringing. The last mentioned variant is long-term foster care (that, on average, lasts two years) and is provided when it turns out that the child cannot return home – probably due to conditions of the biological parent or to conditions in the family environment of the biological parent. In principle each child can stay in foster family care until he/she turns eighteen.

Adoption of a foster child is not possible for the foster parents because a care referral by the Youth Care Bureau has been provided. When parent rights are terminated during the placement period the care referral is still in existence and a guardian will be appointed. The foster parent has then the opportunity to acquire guardianship of the foster child. In the Netherlands domestic adoption only takes place when a parent gives up his/her child at the time of birth. Adoption policy in the Netherlands is clearly different at this point from the adoption policy in England or the United States (cf. Strijker, 2006).

Since adoption is not possible in case of long-term foster care placements there is always a chance that, by a change in policy of the Youth Care Bureau or by the parent’s wishes put forward to the guardian, a long-term foster care placement will be terminated; even when it may go against the will of a foster parent or foster child. In case of long-term placement foster parents and the foster child always remain insecure about the factual duration of the placement (Weterings & Van den Bergh, 2005).

The organization of a foster care provider is hierarchical; it means that each organization has a management-, staff-, and execution level (see Figure below) . The district manager manages a foster care provider. This manager is responsible for one or more team leaders. The span of control per team leader is 30 employees.



The functionaries who do the training, screening and matching are considered co-workers. The part-time psychologist or (academic) pedagogue is a staff function. Incidentally this function is combined with the supervision of co-workers. Some care providers have upgraded this position to the care management level; in that case the psychologist or pedagogue has been provided with the authority to decide also on matters of substance. The financial means and supply of the modules of the care provider determine the caseload of the foster care worker.³

2.4 *Supporting foster parents*

Youth Care Law treats the foster parent as a *volunteer* who receives a reimbursement.⁴ Foster care is terminated when the youth turns 18 but can be extended provided that the Youth Care Bureau assesses the necessity of additional care (or provided that the Youth Care Bureau refers for additional foster care).

Before 1989 – and this is a major point – the support of a foster family was arranged and carried out by an employee of the Youth Care Bureau. Such an employee could for instance be a guardian whose appointment is based on an imposed judicial measure. This guardian supported the biological parent as well as the foster parent. Due to the sometimes conflicting interests of both the biological parent and foster parent, support of the biological parent and foster parent was separated. Now the guardian supports the biological parent and a foster care worker supports the foster parent.

The guardian or the Youth Care Bureau is the ultimate responsible person / organization for the foster child. However when the child is placed back in the family of birth then in addition to the guardian the foster care provider is also legally obliged to support the biological parent during the transition phase.

2.5 *Recruitment and preparation of foster parents*

³ This can be illustrated as follows:

- for long-term care 1.28 hours a week/per case can be calculated (including travelling time);
- for crisis intervention that is 3 hours a week/per case;
- for weekend foster care placements it is 0.64 hour a week/per case;
- for the module family re-unification it is 7 hours a week/per case.

⁴ This reimbursement for the care of a child between 0 and 9 years old amounts to ± €450,- a month. For the care of a youth this reimbursement is ± €550,- a month (price index November 2006). These reimbursements are indexed annually based on the consumer price index. An extra compensation of €3,- a day per child is possible when the foster parent is confronted with extra costs, like the treatment/care of a disabled child.

Family foster parents are foster parents who have no kinship or network relation with the child (Portengen, 2002). They are recruited by a regional care provider through advertisement or by website. After showing interest in foster care these family foster parents receive information materials about foster care and foster parenting. When after reading of the materials the candidate foster parents still are interested they are invited to attend a *special meeting* about foster care. After this meeting the candidate foster parents have to fill out a registration form, a declaration of health, and finally a statement that they have no objection to having the Child Protection Agency collect information on them. If no objections are raised, the candidate foster parents will be enabled to participate in a preparation programme called STAP.

The *STAP programme* is based on the American MAPP model (MAPP is the acronym for Model Approach to Partnerships in Parenting – see Mayers Pasztor, 1985; Van Pagée, Van Miltenburg, & Mayers Pasztor, 1991). The duration of moving through the STAP-programme differs from care provider to care provider. The minimum number of meetings of STAP is four, the maximum seven meetings. In the STAP-programme different issues are scheduled. These issues are related to the care and upbringing of the foster child, and cover seven themes (box below; cf. Knorth, 2006).

1. **Cooperation.** Subthemes: the importance of pursuing security and continuity for the foster child, the skills this requires from foster parents, and the ensuing necessity for cooperation between various partners (foster parents, parents, foster care counselors, placement agency).
2. **Loss.** Subthemes: the reasons for placement in foster care, the loss this means for the child, and the treatment by foster parents the child needs in order to process this loss.
3. **Binding.** Subthemes: what is binding and how do binds with others come about; why is it that the process of binding for many foster children has been delayed or disturbed; and how can the child be supported in developing/maintaining positive contacts with others by the foster parents?
4. **History.** Subthemes: the necessity for children to know their history so that they know who they are (identity) and are able to understand what is happening to them; maintaining ties with the original family.
5. **Behaviour.** Subthemes: the behaviour of (neglected) children and the possible reactions of foster parents; dealing with 'difficult' behaviour without hurting children; creating a secure and stable situation (prevention of placement disruption).
6. **Perspectives.** Subtheme: everybody who has been involved in whatever way with foster parenthood (children, relatives, friends, neighbours) is invited to share their experiences with foster care and to discuss questions.

7. **Impact.** Subthemes: what are the implications of foster parenthood for the foster family itself, how does it affect mutual relationships, is it possible to mobilize support from one's friends and family? Here the participants draw up the balance of their foster care abilities, their preferences, et cetera.

The STAP-programme has two goals: 1. to equip the candidate foster parents with knowledge and skills, and 2. to select the appropriate foster parents. The candidate foster parent will be refused if the candidate is considered not fit for the role of foster parent by the care provider. The candidate his/herself can also decide to waive foster parenting during or after the preparation programme.

If the foster care provider and the candidate foster parent decide to continue two *home visits* will be scheduled. The goal of these home visits is to produce a *family profile*. In the STAP-programme five criteria for 'good foster parenting' are provided (Stichting Op Kleine Schaal, 1996). If the candidate foster parents score positively on all criteria the candidates will be registered and admitted to the system of foster care placement. These criteria concern:

- openness and clearness in contacts;
- cooperation as a team and sharing of parenthood;
- helping the child to develop a positive view of oneself;
- helping the child to change his/her behaviour without causing pain;
- being aware of the impact that fostering might have on the own situation of the foster parent.

Kinship foster parents have no obligation to attend the STAP-programme. Even so the setting up of a family profile and the five-criteria-assessment for 'good foster parenting' do apply, at least in theory, to these foster parents. The model is also being used as a starting module (Riet Portengen, *pers. comm.*).

2.6 *Theoretical orientation*

The policy of the 28 foster care providers is determined by the national government. National policy complies with the International Treaty on the Rights of the Child, ratified by the Dutch government in 1995. Each foster care provider converted the basic assumptions of the treaty into a vision and mission statement of their own.

From a theoretical point of view most providers can be characterized as ‘eclectic’. With the term ‘eclectic’ we mean that elements from systems theory, contextual theory, developmental psychology, developmental psychopathology, social learning theory, attachment theory, communication theory, and the competency enhancement or empowerment model are applied as the staff sees a fit.

Psychologists and pedagogues of foster care providers are organized in regional so-called *quality circles*. These groups mainly discuss practical matters; hardly ever fundamental theoretical principles of foster care seem to be discussed.

At this moment implicitly the *attachment theory*, and from this theory and the *contextual theory* derived concepts and themes like ‘loyalty’ and ‘parental visits’, have caught scientific interest (see, for instance, Oosterman, 2007; Weterings, 2005). Actually, the foster care field is in anticipation of research results. So what about Dutch research efforts on foster care?

3 Research

3.1 Research in the Netherlands

In the Netherlands ten universities have a faculty of behavioural and social sciences. A systematic search on publications in the Dutch Central Catalogue learned that from 1963 on 290 (mainly professional) articles were published about foster care. In the same period ten PhD dissertations were published of which five have been published (and one is ‘in preparation’) during the last six years. The first PhD thesis covering *empirical research* was published in 1977 (Weterings, 1977). These figures show that during the last 30 years foster care research sparsely occurred although scientific interest is increasing. The subjects of these last mentioned dissertations were:

- the ‘burden’ of care and upbringing for foster parents (Bastiaensen, 2001);
- assessment and decision-making in foster care (De Meyer, 2003);
- the legal position of (foster) parents and (foster) children (Punselie, 2006);
- the foster child’s perspective on conflicts with foster parents (Okma-Rayzner, 2006);
- attachment of foster children (Oosterman, 2007);
- the development of the foster child (Van Oijen, in preparation).

Conclusions were:

that foster parents, in comparison with ‘regular’ parents, report higher levels of stress related to care and upbringing (Bastiaensen);

that previous treatment of the foster child increases the risk of an unsuccessful foster care placement (De Meyer);⁵

that the judicial position of the foster child and foster parents does not contribute to permanency (Punselie);

that foster children are more likely than birth children to withdraw themselves from conflict situations with their foster parents (Okma-Rayzner);⁶

that compared with children in normative relations children in foster care are less able to regulate their emotions and behaviour (Oosterman).⁷

Except for the dissertations, contract research has been carried out and research reports have been published. An example is the research of Strijker and Zandberg (2001) on matching in foster care (see below). Another example is the work of Weterings and Van den Bergh (2003) on a tool for assessment of pedagogical interactions between foster children and foster parents.

Dutch society, i.e. the governmental authorities show much interest in research to proof the effectiveness of interventions in the area of foster care. One is dependent then on preferably experimental designs to eliminate problems of internal validity and/or causality problems. Research based on (quasi-)experimental designs has not been carried out yet. At the moment the prospects of an ‘evidence-based practice’ in foster care are unclear. However initiatives are developed related to a different paradigm, named ‘practice-based evidence’. We will come back to that subject in the concluding paragraph.

3.2 *Research at the University of Groningen*

During the last ten years the University of Groningen has been involved in foster care research. In the beginning this research was scantily, the last couple of years foster care research has been more and more intensive. During the last years the scope of research was particularly on risk assessment of breakdown of foster care placements. In the future

⁵ See also Emans & Robbroeckx (1997).

⁶ See also Singer, Doornenbal & Okma (2002, 2004).

⁷ See also Oosterman *et al.* (2007).

increasingly attention will be spent on this subject and other issues as well. Last-year research results are the following.

A. Matching foster children and families

The central question to a matching-related study was with what type of foster care family a certain type of foster child has a positive development. In a longitudinal research design a placement cohort of 120 foster children in long-term foster care was followed over a period of one and a half year. With the help of cluster analysis problem types were constructed based on the scores of CBCL 4-18 and family types were constructed based on the Dutch translation of the Family Environmental Scale (FES). Subsequently research was carried out related to more or less successful combinations of foster family types and problem types (cf. Strijker, Zandberg & Van der Meulen, 2002, 2005).

B. Perception of severity of problem behaviour

A second study was about agreement between the foster parent and the foster child concerning the severity of problem behaviour of the child (Strijker & Van Oijen, 2006, 2007). This study contributes to the body of academic knowledge related to the *multiple informant problem*. Since the classic article of Achenbach, McConaughy and Howell in 1987 which was a meta-analysis about the agreement between different informants, it is known that 1) agreement between informants is moderate in size, with a mean correlation of .28, and 2) there is no 'golden standard' to determine which information represents the actual problem behaviour. So in order to assess the problem behaviour of the child, the clinician needs input from different informants from multiple contexts.

We conducted a study into the agreement between the foster child and foster parent, because up to now such studies have not been conducted. Three studies were about the agreement between the foster parent and teacher (McAuley & Trew, 2000; Shore, Sim, Le Prohn & Keller, 2002; Tarren-Sweeney, Hazell & Carr, 2003).

To 90 newly placed foster children (age 12-18) Youth Self Report (YSR) questionnaires were administered. The foster mothers were administered the Child Behavior Checklist 4-18 (CBCL 4-18) questionnaire. One and a half year later the same questionnaires were administered again.

A not-equivalent community sample functioned as the control group. The control group was offered twice the YSR and CBCL 4-18 questionnaires. On behalf of the analysis only those items were selected which both instruments had in common; i.e. we selected the cross-

informant items. Per parent-child dyad and per foster parent-foster child dyad Pearson product moment correlations were calculated related to items of scales.

Table 1 Mean dyadic correlation coefficients and standard deviations on problem behaviour assessments by (foster) parents and (foster) children

	Community sample ($n=87$)		Foster care sample ($n=60$)	
	T ₁	T ₂	T ₁	T ₂
Internalising	.30 (.33)	.30 (.31)	.28 (.29)	.28 (.27)
Externalising	.35 (.28)	.38 (.32)	.30 (.25)	.27 (.28)
Total Problems	.37 (.23)	.36 (.24)	.32 (.22)	.30 (.16)

In the subheadings of table 1 are the abbreviations of the times of measurement, T₁ at the start of the placement, and T₂ one and a half year later, or in case of a breakdown at a time as short as possible after that event. We computed correlations for each pair of informants, in this case parent and child. So the figures in the table are just mean correlations for items and not correlations at the level of scales.

From table 1 it emerges that no differences are found in means between parent-child dyads and foster parent-foster child dyads in both measurements (T₁ and T₂). The observed means match the found value in the Achenbach *et al.* meta-analytic study, that is 0.28.

Within the foster care group a statistical significant difference in the level of agreement on internalising problem behaviour is found between breakdown placements and current placements, with a smaller mean for the breakdown group (see Table 2).

Table 2 Student's *t*-test for difference of means (dyadic correlations) on problem behaviour assessment by foster children and parents between current placements and breakdowns

	$M_{\text{current}} (sd)$ ($n=37$)	$M_{\text{breakdown}} (sd)$ ($n=19$)	<i>t</i>
Internalising	.33 (.29)	.16 (.21)	2.22*
Externalising	.28 (.29)	.26 (.27)	.29
Total Problems	.29 (.16)	.31 (.16)	-.36

* $p < .05$

It is known that the severity of problem behaviour contributes to the status of foster care placements (in terms of breakdown placements versus current placements). Our research indicates that the level of agreement contributes to the explanation of the status above and beyond the severity of the problem behaviour. This contribution however is considered small according to Cohen's criteria.

Regarding the mentioned results no differences were found between family foster care and kinship foster care (cf. Table 3).

Table 3 Mean dyadic correlations on problem behaviour assessment by foster children and parents for family foster care and kinship foster care

	Family foster care (n=28)	Kinship foster care (n=50)
Internalising	.24	.29
Externalising	.33	.32
Total Problems	.33	.31

C. Prediction of outcomes

A third study regards research related to predictors of care outcomes of long-term foster care placements. In this study 450 files of children in foster care were reviewed. Research results indicate that foster children in broken-off placements are of older age. The foster children show serious problem behaviour and they have experienced several foster care placements (Strijker & Knorth, 2007). With the help of these three variables (age, externalising problem behaviour, and replacement history) 71% of the actually observed breakdowns can be predicted (see table 4; the figure in the upper left cell).

Table 4 Number of correct and incorrect classifications of actually observed foster care outcomes (N=412)

		Actually observed outcome	
		Breakdown (n=92)	Current (n=320)
Predicted outcome	Breakdown (n=182)	65 (71 %)*	117 (37 %)
	Current (n=230)	27 (29 %)	203 (63 %)

* Round percentages

This result matches the results of research carried out outside the Netherlands (Barth *et al.*, 2007).

D. Assessment of candidate foster parents

The fourth study is still current and may last a while. This study is about the assessment of candidate foster parents. The materials developed by the University of Tennessee have inspired this study. One of the research batteries to the assessment of candidate foster parents is the *Casey Home Assessment Protocol (CHAP)*. ‘Casey’ is a big care provider in de USA. The CHAP consists of 22 questionnaires. These questionnaires measure nine domains of foster care functions/qualities (Rhodes *et al.*, 2003). For the foster care study in the

Netherlands nine of these functions/qualities were selected. The questionnaires also show a high internal consistency but the means of the scales seem to deviate significantly from the means found in the Tennessee study; Dutch foster care mothers had in general lower scores indicating lower levels of competence (cf. Jongeling, 2005).

Recently we have translated the scale scores into a *describing profile* of the foster parents. These profiles are mailed to the foster parents with the request if they recognize themselves in this profile. With this study the focus is on inspiring the screeners of candidate foster parents to use the CHAP-model. Another focus is to develop a *manual* for transferring scores to profile description and to develop focus points for guidance and matching.

E. Transitions to adulthood

In the near future we will start up the research project 'transitions to adulthood'. The transition to adulthood of young people leaving care, including foster care is an entirely neglected concern in our country (cf. Knorth, Knot-Dickscheit, & Strijker, 2008). We will research the position of former foster care children and former residentially admitted children in society.⁸ The goal of this research is threefold:

- 1) to improve foster and residential care by making use of review reports of children formerly in care;
- 2) to compare the life skills of these looked after children with young adults not being looked after and to conclude which skills for independent living in society and what supporting services (possibly) are or were missing;
- 3) to explore the stability of problem behaviour from childhood to adulthood.

We think of two waves of data collection: the first wave will start if the child is still in the foster family or residential setting at the age of 17 years and the second wave three or four years later. However, this design is still on the drawing table.⁹

⁸ In particular we are interested in the following domains of functioning: physical health, mental health, economic strains, social network including contacts with biological parents and former foster parents, marital status / family life, and - more in general - the quality of life. It also seems interesting to ask for a review / memory recall of the stay in foster or residential care.

⁹ The research is also inspired by our participation in an international network of researchers on young people leaving care, the Transitions to Adulthood for Young People Leaving Public Care International Research Group (TAYPLPCIRG), initiated by the (UK) Universities of Loughborough and York (cf. Munro, Stein & Ward, 2005).

4 Concluding notes

The foster care field is strongly focussed on results of statistical empirical research. This is not only true for clinicians in the foster care field but also for their managers. At this moment the CHAP-protocol is in the centre of interest. Both these stakeholders are interested in reducing the number of broken-off placements and in studying and reducing the increased loss of foster parents. Research based on the CHAP and directed at asking information of foster parents who broke off a foster placement or terminated foster care has a high priority in the foster care field.

The CHAP-protocol is an example of research in accordance with the paradigm 'practice based evidence'. Researchers of the University of Leeds have developed the concept of 'practice based evidence' (cf. Barkham & Mellor-Clark, 2003). This concept means that professionals who are working in practice, i.e. the field of foster care themselves collect data. The collected data are mailed to a research centre. Data are collected through questionnaires. In this manner an extensive data file can be obtained. The beauty of the concept is that the foster care population itself is studied directly instead of studying this population by carrying out a sample survey. Researching the foster care population this way adds significantly to the external validity. When questionnaires are administered periodically foster care placements can be monitored as well.

A regional provider of child and youth care (including foster care) in the Northern part of the Netherlands is going to implement the concept of 'practice based evidence' in cooperation with the University of Groningen. On behalf of programmes such as 'Families First' or 'Multi Systemic Therapy' questionnaires are already administered periodically to families. By February 2008 this provider expects to have a computer programme in place that also includes foster families into the research model. At the beginning of each foster care placement CBCL, YSR and Teacher Report Form (TRF) questionnaires will be administered including a questionnaire about Parenting Stress and the CHAP. Semi-annually CBCL, TRF and Parental Attitude (PARI) questionnaires will be applied and at the end of the placement foster parents will be asked to fill in a questionnaire on client satisfaction (C-test).

By introducing this working method the foster care worker obtains a more systematic understanding in the behavioural progress of the foster child. Based on the outcomes of the questionnaires administered to the foster parents more accurate goals can be defined.

As researchers we will acquire data files in order to analyse and report about findings. Based on this information the field of foster care is able to adjust its working methods. Through a multi-year cooperation between science and practice the foster care field will substantially contribute to clarification of 'what works' principles.

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