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Mental health and associated risk factors of Dutch school aged foster children placed in long-term foster care

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ABSTRACT

More than 20,000 children in the Netherlands live in foster families. The majority are in long-term foster family placements, which are intended to provide a stable rearing environment until the children reach adulthood. International studies have shown, however, that compared to children in the general population, foster children have more mental health problems and more negative developmental outcomes in their later life. Less is known about Dutch foster children, however. To fill this knowledge gap, the present study focused on the mental health of 239 foster children (aged 4–12) living in long-term placements in the Netherlands. Their behavior was assessed with the Strengths and Difficulties Questionnaire, which was completed by their foster parents. The results revealed a wide range of problem behavior (ranging from none to very serious problem behavior), and showed that a third of the children have total difficulty scores (TDS) in the clinical range. Higher TDS appear to have a positive univariate association with age of the foster child, age upon entering the current foster family, number of prior foster placements, non-kinship placement, and fostering experience of the foster parents. The more risk factors, the higher the TDS. These findings suggest the importance of the early detection of problems and potential risk factors in foster families, and the need to support a substantial number of foster children and foster families.

1. Introduction

In 2012, 20,949 children in the Netherlands were living in foster families (Foster Care Fact Sheet, 2012). The majority (64%) were in long-term foster family placements, which are intended to provide a stable rearing environment until the children reach adulthood (Strijker, 2009).[1] In the international literature, foster children are considered to be at increased risk of negative developmental outcomes in various areas, such as emotional and behavioral development, brain and neurobiological development, and social relationships with parents and peers (Bilaver, Jaudes, Koepke, & Goerge, 1999; Leve et al., 2012; Strijker, Zandberg, & van der Meulen, 2005).

Various studies confirm an elevated prevalence rate of mental health problems among foster children. A national survey carried out by the child welfare system in the United States among a representative sample of almost 4000 children (aged 2 to 14 years) and their caregivers, found that nearly two thirds (63.1%) of the children placed with non-relative foster caregivers, and more than one third (39.3%) of children placed in kinship foster care, scored in the clinical range on the Child Behavior Checklist (CBCL) (Burns et al., 2004). A survey carried out in Great Britain also found that foster children aged 5–17 years had significantly higher rates of psychiatric disorders than children living in private households (Ford, Vostanis, Meltzer, & Goodman, 2007). A study performed in Denmark found that 20% of the children in foster and residential care suffered from at least one psychiatric diagnosis, compared to 3% of the non-welfare children (Egelund & Lausten, 2009). Almost half of the children (48%) in care scored within the clinical range of the Strengths and Difficulties Questionnaire (SDQ), compared to 5% of the non-welfare children. Even higher scores were found in a study carried out in Scotland: 57% of the foster caregivers of children aged 5–16 years reported mental health problems within the clinical range of the SDQ (Minnis, Everett, Pelosi, Dunn, & Knapp, 2006). Two Australian surveys among school-aged foster children found that they had significantly higher scores on all the broadband

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[1] The policy on and legal definitions of children in foster care differ across countries. In the Netherlands, long-term foster family care is based on a court order or is chosen voluntarily by parents, comparable to permanency planning in such countries as the USA. Foster children in the Netherlands are usually not adopted; custody largely remains with the biological parents, unless the safety of the child is seriously threatened, in which case a special guardian of the Youth Care Agency is appointed.

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scales and subscales of the CBCL compared to the community means (Sawyer, Carbone, Searle, & Robinson, 2007; Tarren-Sweeney & Hazell, 2006).

These elevated rates of mental health problems seem to persist in adulthood. Several international studies show that adults who were raised in foster families during their youth, tend to have more problems in various life domains – such as psychological and social functioning, education, employment, and delinquency – compared to adults who had an average childhood (Barth, 2005; Dumaret, Coppel-Batsch, & Couraud, 1997; Minty, 1999; Pecora et al., 2006; Reilly, 2003; Vinnerljung, Hjern, & Lindblad, 2006).

A limited number of studies (Strijker, van Oijen, & Knot-Dickscheit, 2011; Strijker et al., 2005) have been conducted to assess the mental health of foster children in the Netherlands. These studies investigated the level of agreement between foster parents and foster children about problem behavior and how this is associated with the breakdown of a foster care placement (Strijker et al., 2011), and the relationship between behavior profiles of foster children, placement characteristics, placement outcome, and developmental outcome (Strijker et al., 2005). The aim of the present study was to gain more insight into the prevalence and backgrounds of the mental wellbeing of primary school-aged foster children. Factors associated with elevated emotional and behavioral problems and the social behavior of these children were also investigated.

1.1. Theoretical background

The transactional model of Sameroff (2010) provides a theoretical framework for understanding how various factors influence the development of a child growing up within an intricate system of variables. According to this framework, the developmental course of a child is the result of a complex interplay between multiple protective and risk factors situated in the child itself and in the various systems surrounding the child. Following the socio-ecological model of Bronfenbrenner and Ceci (1994), a distinction is made between proximal factors that influence the child directly (e.g., parent–child interactions), and distal factors that affect the child less directly (e.g., family income and type of community). Characteristics of the child, the parents, or the child-rearing environment are regarded as risk factors if they correlate significantly with a negative developmental outcome of the child (Hermanns, 1998). Research on risk factors has emphasized that no single risk factor has a profound effect on the development of a child; rather, it is the accumulation of risks and stressors embedded in proximal and distal processes that is related to deregulations of child-rearing processes and a child's poor developmental outcomes (Brown, Cohen, Johnson, & Salzinger, 1998; Garbarino & Ganzel, 2000; Sameroff, 2009). The accumulation of risk factors increases the strain in the parent–child relationship, and eventually the risk of child abuse and neglect (Staal, Hermanns, Schrijvers, & van Stel, 2013).

Most children in long-term foster care are placed there because they have a problematic history. The aim of this type of foster care is to provide a secure and stable environment that will have a protective and re-establishing effect on the wellbeing and development of the child. However, the high rates of unintended placement disruptions and the associated poor developmental outcomes in adulthood (Chamberlain et al., 2008; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007), indicate that this effect is not always achieved. It is assumed that various proximal as well as distal risk factors, including mental health problems and in particular externalizing behavioral problems, disturb the rearing processes and are associated with placement disruptions (Chamberlain et al., 2006; Newton, Litrownik, & Landsverk, 2000; Strijker, Knorth, & Knot-Dickscheit, 2008). Insight into which mental health problems are present in foster children, and which risk factors in the child, its family, and the context are related to these mental health problems (Egelund & Lausten, 2009; Janssens & Deboutte, 2009; Minnis et al., 2006; Vanderfaeillie, Holen, Vanschoonlandt, Robberechts, & Stroobants, 2012), is necessary in order to detect problems in foster families at an early stage, and to provide both the children and their families with the necessary support.

1.2. Risk factors

In addition to risk factors that are non-specific to foster care placements – such as male gender, low educational level, and low income – there are also specific risk factors that influence mental health problems among foster children. Research into these risk factors is still limited.

With regard to factors related to the child, age at first placement seems to be a risk factor, although research results are ambiguous. Foster children under the age of six appear to be especially vulnerable to poor behavioral and emotional outcomes (Fisher, Burraston, & Pears, 2005; Klee, Kronstadt, & Zlotnick, 1997; Landsverk, Davis, Ganger, Newton, & Johnson, 1996): Once placed in foster care, they have an increased risk of developing or strengthening existing behavioral and emotional problems. Further, a meta-analysis by Oosterman et al. (2007) indicates that being placed in foster care at an older age puts the child at risk. These authors also found that time in foster care correlated with the developmental risk of foster children: The longer children were in foster care, the more likely they were to experience placement disruption due to the negative effects of behavior problems (Oosterman et al., 2007; Strijker et al., 2008). A history of multiple placements also contributes negatively to both internalizing and externalizing behavior (Newton et al., 2000): Children who experience numerous changes in placement are at particularly high risk of both immediate and long-term negative outcomes, even if they did not show any behavioral problems in the previous foster family (Newton et al., 2000; Oosterman et al., 2007).

With regard to family and placement factors, a negative and inconsistent parenting style is associated with an increase in behavior problems (Vanderfaeillie et al., 2012). In turn, parenting style is associated with more distal factors, such as the educational level of the foster parents and the type of placement. More highly educated foster parents provide a higher quality of parenting, and compared to kinship parents, non-kinship parents tend to have a more negative attitude toward corporal punishment and to pay more attention to the specific needs of children in care (Vanderfaeillie et al., 2012). Some studies found that children placed in kinship foster care appear to be at greater risk of developing mental health problems compared to children placed in non-kinship foster care (Lynch, 2011; Oosterman et al., 2007; Strijker et al., 2005; Strijker et al., 2008); other researchers, however, suggest the opposite (Chamberlain et al., 2008; Shore, Sim, Le Prohn, & Keller, 2002) and presume that there are possibly more important predictive factors, such as the number of previous out-of-home placements (Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012). Cross-country differences in the organization, indication, and definition of kinship and non-kinship foster care may partly explain differences in findings. Finally, various studies found that a higher number of other children (foster children and biological children) in the foster family is associated with more behavioral problems in the foster child (Chamberlain et al., 2006; Strijker et al., 2011; Van Oijen, 2010).

1.3. Research aims

The main purpose of the present study was to: 1) Gain more insight into the mental health of Dutch children (4–12 years) who are in long-term foster care; 2) establish which individual risk factors (child and placement characteristics) are related to mental health; and 3) explore which combination of risk factors most adequately predicts mental health problems in these children.