

## Before it's too late

### Enhancing the early detection and prevention of long-term placement disruption

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*In this paper, we examine some of the principal findings of a recent 3-year longitudinal study into foster care in South Australia and their implications for addressing the needs of children who experience high rates of placement disruption while in care. A critical finding of this study was that many of the most serious problems in foster care, such as repeated placement disruption, can be anticipated and predicted with considerable accuracy. Children who experience a disproportionately higher rate of placement disruption appear to be readily identifiable at intake. In addition, there appears to be an approximate threshold or point beyond which children subject to placement disruption begin to experience significant deterioration in their psychosocial functioning. This predictability of outcomes suggests the possibility of the early detection of children most at risk in foster care, and a means of identifying children failing to adapt to care. We believe that the extension of this form of analysis to other Australian states, for example, through the development of nationally agreed-upon definitions of 'at risk' and 'harm due to disruption' in foster care, may significantly enhance current attempts to evaluate and target treatment programs designed for children with challenging behaviours.*

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## OVERVIEW

One of the most significant symptoms of strain in foster care is the very high rate of placement turnover, or 'foster care drift', endured by many children placed into care (Inglehart, 1993; Palmer, 1996). These terms refer specifically to the process whereby children are moved from one placement to the next, often in very rapid succession, and where, even after months or years in care, children fail to develop a stable residence with any single family or household. The extent to which this problem pervades Australian foster care appears to be quite alarming. For example, in a recent paper in *Children Australia* by Delfabbro, Barber and Cooper (2000), it was found that over 40% of children coming into South Australian foster care had six or more previous placements, and that almost a quarter had experienced ten or more. This disruption was often found to coincide with school changes and children being geographically separated from their birth families with little or no direct contact.

Not surprisingly, findings such as these have led researchers to be very pessimistic about the long-term effects of foster care (Ainsworth, 1997), given the limited capacity for children to form stable education backgrounds, social groups, or attachments to any parental role models or location. However, having said this, one positive outcome of recent research in Australia (Barber, Delfabbro & Cooper, 2001; Bath, 1998) is the growing recognition that these undesirable features of foster care do not appear to be borne equally, or consistently, by all children in care. On the contrary, as recently shown by Barber, Delfabbro and Cooper (2001) and Delfabbro and Barber (2002), the vast majority of children generally fare reasonably well in foster care and usually manage to obtain a stable and successful placement in one household within 12 months. Moreover, it has been found that placement instability, when it does occur, is usually not an ongoing feature of children's placement experiences. Most placement changes occur soon after the referral for new long-term placements, and are usually planned rather than being brought about by unforeseen factors arising during the placement (Barber, Delfabbro & Cooper, in press [a]).

Ongoing and severe placement disruption, of the nature commonly deplored in the literature, is in reality a feature of

only a relatively small subpopulation of children in care, and this group tends to share many features (Hulsey & White, 1989; Keane, 1983; Pardeck, 1983). As Bath (1998) points out, a characteristic common to this group and that sets them apart from other children in care, is their greater likelihood of having significant emotional and behavioural problems. These include property damage, aggressive behaviours, substance abuse, offending, truancy from school, and a variety of other antisocial behaviours. The existence of such behaviours, Bath argues, has formed the basis for suggestions that many of these children are potentially unsuitable for family-based care and would benefit from other placement arrangements better able to meet their needs. Included in this list of alternatives are programs that fall under the general heading of treatment foster care (see Chamberlain & Reid, 1991; Hudson, Nutter & Galaway, 1992), a more intensive intervention usually involving professionally trained carers with greater resources and fewer children per home.

Unfortunately, despite the recognition of the complex needs of these children, most foster care services have few, if any, systematic processes or methodologies in place to allow for the early identification and ongoing monitoring of their needs. As a consequence, these children 'at risk' spend many years in unsuitable arrangements, and potentially experience considerable psychological and social harm before any formal interventions are considered. Although admittedly much of this omission is due to the fact that there are limited resources and alternative arrangements for very challenging children in many jurisdictions, the growing recognition of the need to find new ways to care for these children outside conventional foster care means that these issues will inevitably have to be addressed. This task is as much a conceptual matter as it is one of methodology, because before any attention is given to how interventions should be targeted, one needs to determine:

- exactly what one means by the term 'challenging child';
- how such children can be identified when they enter foster care; and
- at what point one decides that these children are not benefiting from being in care?

One way in which such questions can be answered, at least to some degree, is to examine the progress of children with varying levels of psychosocial adjustment once they are placed into care. If it could be shown that certain children who experience greater disruption have particular characteristics that set them apart from others entering care, this would go a long way to assisting in the early identification and monitoring of cases requiring additional attention or resources. This issue was investigated, for example, by researchers from the Centre for Social Evaluation in Stockholm (Vinnerljung, Sallnas & Westermark, 2001). In their project, Vinnerljung et al.

(2001) examined the predictors of placement breakdowns using the baseline characteristics of 776 adolescents (13-16 years) coming into care in 1991. This study showed that adolescents with antisocial behaviours when they came into care were significantly more likely to experience a premature placement breakdown due to the child's behaviour within the first 1-4 years of placement. For example, in foster homes, 57% of antisocial adolescents had placements that ended due to their behaviour compared with only 31% of non-antisocial adolescents. Similar differences were observed for adolescents placed into publicly owned residential units. The study concluded that these associations need to be considered more seriously by Swedish child welfare authorities and possibly aggregated over time, so as to better inform case workers of the likely risk of placement breakdown as each placement is made, as well as assisting in the development of alternative options for out-of-home care (Vinnerljung et al., 2001).

## THE SOUTH AUSTRALIAN LONGITUDINAL STUDY

### A BRIEF OVERVIEW

The aim of this paper is to discuss these issues in relation to the findings of a similar longitudinal study conducted by the authors in South Australia. As with the Swedish study, the South Australian study included a combination of psychological adjustment and placement outcome data that made it possible to examine the relationship between placement instability and child well-being across time. In this study, 235 children (aged 4-17 years) referred for new foster care placements of at least two weeks duration between May 1998 and May 1999 were selected and followed for three years. Interviews were conducted with case workers at intake, at 4 months, 8 months, 12 months, and every 6 months thereafter, and also with a selected number of foster carers to confirm the inter-rater reliability of the measures used (which were generally very satisfactory [Barber & Delfabbro, in press]). These interviews were continued until such time that children no longer had a case worker allocated to them (such as would be so when children went home permanently). Data was successfully obtained for almost every child who remained in care for the duration of the study. All longitudinal analyses were conducted using only those children who remained in care for the full duration of the study (see Barber & Delfabbro, in press).

At intake, details of the children's placement history and the reasons for being in care were assessed from a combination of case worker reports, case file data and computer records. As summarised by Delfabbro, Barber and Cooper (2000), these background factors included the child's abuse history, child characteristics (eg, behavioural problems, mental health issues) and parental problems leading to placement

(eg, substance abuse, mental health issues, incarceration). These analyses showed that only 40 (17.0%) children had never been placed into care before compared with 195 (82.9%) who had at least one previous placement. A breakdown of those children who had previous placement experiences revealed very high levels of placement disruption, with 55 (23.4%) of the children having experienced 10 or more previous placements.

In terms of significant factors associated with placement into care, case workers reported that approximately a third of the children had been subjected to at least one form of abuse, with around a quarter having experienced serious physical or sexual abuse. Neglect was cited for almost a quarter of cases. Approximately a third of the children's parents were deemed unable to provide care because of substance abuse, physical or psychological illnesses, or imprisonment. Over 60% of the children were identified as exhibiting behavioural problems, ranging from tantrums and misbehaviour at school to serious behaviours such as property damage, substance abuse, theft, and/or sexualised behaviours towards other children.

The intake assessment and all subsequent follow-up points also involved the administration of several psychosocial adjustment measures. The primary measures were an abbreviated version of Boyle et al.'s (1987) Child Behavior Checklist, and a brief social adjustment measure previously developed by Barber and Delfabbro (2000). The Boyle measure is remarkably similar to Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ), and consists of three sub-scales – conduct disorder, hyperactivity, and emotionality. The conduct disorder subscale (6 items) measures externalising problems such as property damage, theft, lying and cheating, and misbehaviour at school. The hyperactivity subscale (3 items) measures the extent to which the child is able to concentrate, the child's restlessness, and impulsivity. The emotionality scale (5 items) refers predominantly to internalised states such as depression and anxiety. These scales were found to have excellent internal reliability at all measurements points. Conduct disorder and hyperactivity also had good inter-rater reliability (as based upon foster carer and case worker reports), whereas emotionality scores tended to be systematically lower when reported by foster carers (possibly because children were more willing to express their concerns about life to their case workers than to their foster carers) (Barber & Delfabbro, in press).<sup>1</sup>

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<sup>1</sup> The Boyle measure was used because it appears to capture the key elements of each category of behaviour using the minimum number of items. Current research being undertaken by the authors is looking to validate this measure against the SDQ (Goodman, 1997). It is expected that hyperactivity and emotionality subscales will correspond almost exactly because both Boyle's and Goodman's measures contain almost identical items for these dimensions. On the other hand, conduct disorder scores may differ to a greater

The social adjustment measure was comprised of seven items developed by Barber and Delfabbro (2000) in a national study of parenting behaviour. The scale consisted of 4 items relating to the child's effectiveness in developing social relationships, oppositional behaviours (eg, blaming others, not being considerate to others) and also internalised behaviours (eg, the extent to which the child is willing to talk about his/her problems). The internal consistency and inter-rated reliability of this scale was also found to be satisfactory at all administration points.

At each of the follow-up points complete records were obtained of all placements that had occurred since the previous assessment, and details of the circumstances of each placement change were recorded. Thus, it was possible to differentiate between placements that had ended for reasons unrelated to the child's behaviour, and those where the child's behaviour led to the placement having to be terminated.

### PREDICTING EARLY PLACEMENT BREAKDOWNS

The findings suggested very strongly that it is possible to make very accurate predictions about whether children would have placement breakdown based upon scores obtained at intake. As summarised by Barber, Delfabbro and Cooper (2001), this conclusion was reached following the completion of a two-stage analysis that examined the factors associated with placement breakdowns that occurred in the first four months in care. The first stage of this analysis involved the identification of significant univariate relationships between intake characteristics, psychological adjustment measures and placement outcomes. The significant factors were then entered into a logistic regression with placement breakdown due to behaviour as the dependent measure (0 = No placement breakdown due to behaviour, 1 = Placement breakdown). All of these analyses and the two stages were repeated separately for those children already in care at the time of the intake assessment and those who were coming into care.

The resultant model showed that the probability of breakdowns of this kind could be predicted with considerable precision once one knew the child's age and score on the conduct disorder scale, and their previous placement history. If a child was (a) already in care at the intake point, (b) was aged 15 years old, (c) scored towards the upper end of the conduct scale, and (d) was also reported as having mental health problems, then the child had an 80% probability of a breakdown due to behaviour within this very early period. This probability was reduced to less than 6% if the child was less than ten years old and scored at the lower end of the conduct disorder scale. This suggested, therefore,

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degree because of the greater emphasis on more serious behaviours (eg, property destruction) in the Boyle scale compared with the SDQ.

that with even very abbreviated measures at intake, it was possible to distinguish children significantly at risk and in need of support during the early phases of placement from those with a lowered risk.

### IDENTIFYING CRITICAL LEVELS OF PLACEMENT INSTABILITY

Although being able to detect early breakdowns is important, a perhaps more crucial issue was whether these sorts of intake measures were able to predict longer-term problems, and exactly at what point foster care appeared to be no longer working. As indicated above, one of the fundamental and most acknowledged indicators of failures in the foster care system is ongoing placement instability. However, the question arises as to how many times a child would have to experience placement breakdowns before a problem was thought to exist? Although we acknowledge that the answer to this question is by no means definitive because the definition of a problem will always be to some degree guided by subjective judgments, our results suggested that it is possible to develop empirically based estimates. The approach we took was to select children based upon the number of placement breakdowns due to the child's behaviour experienced over the first two years of the project (the minimum tracking period for any individual child in the sample). The placement profiles of these children were then compared with the remainder of the sample to determine whether it differed significantly in terms of the degree of disruption experienced.

Again, the results suggested very strongly that a critical threshold existed. Specifically, if a child had experienced two or more breakdowns due to behaviour within the two year period, their placement profiles differed significantly from the rest of the sample. The problematic group experienced approximately 15 placement changes compared with only 6 for other children, and this translated into significant differences in placement numbers at every follow-up point. This instability was also reflected in differences in the final destination of children after two years. Those in the problematic group only had a 27% probability of being stable in care or back home after two years compared with 78% of other children. Thus, the operational indicator variable (number of breakdowns due to behaviour) appeared to be a highly effective adjunct for broader problems of placement instability.

As with the group at risk of placement breakdown during the first four months, membership in this group could also be predicted from characteristics available at intake: the child's age and conduct disorder scale. Children aged in their mid-teens and with high general conduct disorder scores had over a 70% probability of being in this problematic group. With this information, it was therefore possible to provide an objective and measurable way of detecting ongoing

placement disruption that extended for two years and beyond.

### WHEN FOSTER CARE BECOMES PSYCHOLOGICALLY HARMFUL

It is commonly assumed that placement instability is harmful for children. All things being equal, a child in a stable placement is more likely to be psychologically well adjusted than one who experiences ongoing instability. Our results provide little reason to dispute this contention. However, our additional interest was to determine at which stage placement instability becomes problematic, given that some degree of placement instability was found to be common in the initial weeks following a child's placement into care (Barber, Delfabbro & Cooper, in press [a]). The results confirmed that short-term placement instability was not generally problematic (see Barber, Delfabbro & Cooper, in press [b]), and children, in fact, appeared to benefit from being moved from arrangements that were unsuccessful. At the same time, when analyses were extended to beyond twelve months, a clear trend towards deterioration was observed for children with the greatest levels of placement instability. This was most strongly observed for measures of emotionality and social adjustment, indicating that children in unstable placements became more anxious and depressed, as well as more antisocial as a result of sustained instability. For these reasons, we contend that placement stability needs to be systematically monitored in foster care, and that cases involving instability of greater than twelve months need to be selected for additional monitoring with the intention of providing additional supports, or a re-evaluation of the child's case plan. This finding strengthens the validity of the indicators above in that it confirms that sustained placement instability is a problem not only in its own right, but also because of its undesirable effects upon children's well-being.

Figure 1

<b>SUMMARY OF FINDINGS AND PROPOSED INDICATORS</b>
<ul style="list-style-type: none"> <li>▪ An early risk of placement breakdown is related to the child's age, level of conduct disorder and mental health status.</li> <li>▪ A sustained risk of placement breakdown is related to the child's age and level of conduct disorder.</li> <li>▪ The occurrence of 2 or more breakdowns due to behaviour in two years strongly differentiates between very unstable and stable children.</li> <li>▪ The psychosocial harms associated with placement instability appear to emerge approximately after 12 months.</li> </ul>

## CONCLUSIONS

### IMPLICATIONS FOR RESEARCH AND PRACTICE

These findings have implications both for practice and research. As well as supporting the potential value and feasibility of early detection and monitoring, they also provide a guide to future developments in alternative arrangements for behaviourally challenging children in care. Given that much of the impetus for the development of more intensive care arrangements (eg, treatment foster care, small residential care programs) is based upon the desire to meet the needs of the most challenging children, the sort of methodology and analysis described above may provide a way of identifying the most suitable children. Children with a profile known to be highly associated with placement breakdown could be selected for these programs once it has been confirmed that they are not doing well in care; and others who remain in conventional foster care, and who cannot be placed at first instance, could form a waiting list control group against which the other group's outcomes could be compared. Such outcomes could include the rates of placement breakdown, psychosocial adjustment, and school attendance and performance, wherever this is relevant. This methodology would also provide a vehicle for the assessment of enhancements to existing services (eg, higher foster carer payments, additional service supports). By using standardised measures of the child's needs, agencies would be able to assess their performance (eg, success in maintaining placements) not only in terms of outcomes, but also in terms of the magnitude of the needs they have addressed.

An important caveat that we do, however, apply to these recommendations is that indicators and thresholds should not be used as prescriptions for action, but rather as guides to action. To assume that all children with a certain profile are inevitably doomed at intake to an unsuccessful life in conventional foster care would be inappropriate, and unfairly prejudicial to these children's interests. Instead, our view is that indicators should be used as a way of prospectively identifying children at risk and of recognizing potential deteriorations in adjustment before significant harm occurs. Although in our analyses we have focused primarily upon conduct disorder and breakdowns due to behaviour, and have used abbreviated measures, there is nothing to prevent this sort of analysis being extended to other measures and child needs (eg, disabilities) and for more formalized and detailed psychological assessments being used. This is important because it is likely that not all placement instability is necessarily related to conduct disorder, and that a broader range of factors (eg, mental health issues, physical disabilities) needs to be considered in addition to the often more proximal causes of placement breakdowns.

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