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Carer Factors Associated with Foster-Placement Success and Breakdown

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Abstract

The characteristics of carers in successful foster placements are identified to enable targeting them through customised marketing and recruitment campaigns. A longitudinal study with 75 carers was conducted over 20 months. Eleven instances of placement breakdown were compared to placements which did not break down. Several personal and family factors were identified as increasing the likelihood of foster placement success, including higher cognitive empathy of the carer, a high level of social support from family, a high quality carer-partner relationship, higher levels of caregiving and role carer demand satisfaction, and a good match, fewer conflicts and better relationship between the carer and foster child. Conflicts between the carer and the child mediate the association between carer-partner relationship quality and carer satisfaction with role demands. Findings have important practical implications: additional evaluations should be conducted during screening processes with a focus on the key markers of placement success identified in this study; more emphasis should be placed on developing support networks amongst carers' friends and family; and greater involvement of carer partners in screening and training processes is of key importance.

Keywords: foster care, placement breakdown, longitudinal study

Foster care can offer a safe and stable home to children who cannot live with their biological families (Harkin and Houston, 2016). Foster children often have complex histories, trauma experiences, disabilities or disorders, face difficult family circumstances such as drug abuse and, as a consequence, are more likely to have developmental deficits in emotional processing and problem solving (Khoo and Skoog, 2014; Harkin and Houston, 2016). Foster placement stability and the formation of trust and healthy attachment with adult caregivers are crucial for the development and well-being of foster children (Newton *et al.*, 2000). But each foster placement also exposes a child to the possibility of placement breakdown. Breakdowns can be unexpected, unwelcome and rejecting for the child (Rostill-Brookes *et al.*, 2011) and leave children feeling disempowered (Sinclair *et al.*, 2005; Rostill-Brookes *et al.*, 2011). They feel a sense of failure (Minty, 1999), can lose trust in adults (Butler and Charles, 1999), and may lose confidence in the possibility of forming an attachment to caregivers, instead they come to anticipate that all attachment relationships will result in rejection and disconnection (Strijker *et al.*, 2008). It is common for children to experience behavioural and emotional difficulties (Newton *et al.*, 2000) which can lead to a child rejecting carers, or being rejected by carers. Each placement breakdown can start a “vicious circle of breakdown and behavioural and psychological pathology” in the child (Oosterman *et al.*, 2007, p.54), a result which stands in stark contrast to the objectives of the foster care system and intentions of administrators, caseworkers and carers. Furthermore, these types of experiences can lead to a range of longer-term consequences for the foster child, including poorer educational and health outcomes, and greater likelihood of homelessness and criminal activity as adults (Gilbertson and Barber, 2003).

Placement breakdowns come at high cost for foster care organisations (Pattern, 2005 in Brown and Bednar, 2006). New carers need to be recruited but this is exceptionally difficult and expensive; only about two percent of foster carer enquires result in the individual becoming a carer and having a child placed with them (Delfabbro *et al.*, 2008). This is due to a range of

factors including the unrealistic expectations of potential carers, the screening out of applicants by foster care agencies and a lack of targeted marketing. Such a broad-brush approach reaches many people who would never even consider becoming a foster carer (estimated to be around 55 percent of the Australian population, Ciarocchi *et al.*, 2012). In addition, increased levels of support are often required for new placements, especially if a placement disruption has occurred just prior. In this case, additional costs are incurred by the agency in terms of providing the appropriate supports for both the child and the carer.

THE TARGET SEGMENT OF HIGH PERFORMING FOSTER CARERS

A number of studies have attempted to identify the distinct socio-demographic characteristics of high performing foster carers: some suggest older carers perform better (Walsh and Walsh, 1990), however age does not emerge consistently as a success factor and, overall, there is little evidence to suggest that high performing foster carers have a distinct socio-demographic profile.

Some psychological constructs, such as concern for children (Buehler *et al.*, 2003; Harkin and Houston, 2016), genuine desire to help the child and include them as part of the family (Randle, 2013), a capacity to set boundaries, maintain consistency in routine, yet demonstrate flexibility (Rock *et al.*, 2015), have been related to improved placement outcomes. In particular, a carer's ability to understand why a child responds to circumstances the way they do (Buehler *et al.*, 2003) and to not reject the child on the basis of their behaviour, is a key factor (Sinclair and Wilson, 2003; Sinclair *et al.*, 2005). A carer's warmth and affection toward the child also affects placement stability (Sinclair and Wilson, 2003; Oosterman *et al.*, 2007), as does their level of satisfaction with the foster caring role (Denby *et al.*, 1999; Randle *et al.*, under review).

One study obtained data from carers directly (see Sinclair and Wilson, 2003; Sinclair *et al.*, 2005) and examined the validity of a model of placement breakdown that focused on characteristics of

the child, the carer, and the child-carer relationship. Measures were taken from 472 carers, social workers and placement workers over a period of 14 months. Carers were rated on the dimensions of capacity to care, acceptance, clarity of expectation, reaction to lack of response from the child, and capacities to view situations from the child's perspective and offer encouragement. A further measure of child-carer relationship (a rejection score) was taken from carers and indicated how fond the carer was of the child, and/or whether the child was considered difficult to manage. The authors identified that breakdown could be predicted using both the parenting score, which combined the social and placement workers' scores across dimensions, and the rejection score.

In relation to the foster child, behavioural problems emerge as a primary factor in placement breakdowns (Newton *et al.*, 2000; Oosterman *et al.*, 2007; Rock *et al.*, 2015; van Santen, 2015) because of the high demands on carers and families (Khoo and Skoog, 2014). However, the effect is small across studies, and decreases with the age of children (Oosterman *et al.*, 2007).

It has long been recognised that good 'placement match' – the strength of connection between the child and his or her carers – is of critical importance (Gilbertson and Barber, 2003; Sinclair and Wilson, 2003; Brown and Bednar, 2006; Khoo and Skoog, 2014; van Santen, 2015; Harkin and Houston, 2016). High level commitment, good communication by the carer, and the ability to help children with difficult feelings (Buehler *et al.*, 2003; Rock *et al.*, 2015) are associated with carer satisfaction, carer well-being and carer intention to continue fostering (Whenan *et al.*, 2009).

The review of literature reveals variation in how researchers consider and define high performing foster carers. Most commonly, placements are considered successful if they last as intended and do not break down, and the characteristics of carers in such placements has received much research attention (e.g. Sinclair *et al.*, 2005; Oosterman *et al.*, 2007; Rock *et al.*, 2015). For the present study, high performing foster carers are defined as those whose placements do not breakdown during the study period.

SPILOVER HYPOTHESIS

Within a family system, the spillover hypothesis refers to the phenomenon where the psychological costs arising from one family relationship affects functioning in another (Nelson *et al.*, 2009). Specifically, the quality of the marital or cohabiting relationship influences a parent's ability to assist a child in managing and understanding their emotions, particularly negative feelings. If extended to foster care, this hypothesis predicts that better circumstances in other areas of a carer's personal situation and family system leads to fewer conflicts with the foster child. Given that foster children often struggle with emotion regulation (Barth *et al.*, 2007), coupled carers may be especially sensitive to personal and relationship issues spilling over to the foster care relationship.

Some support for this hypothesis comes from prior research investigating the relationship between the carer and their partner. Placements where the foster father is emotionally involved are more stable (Walsh and Walsh, 1990); and the length of the partner relationship is negatively associated with placement breakdowns (Walsh and Walsh, 1990). Feedback from carers further points to the importance of a strong co-operative relationship between coupled carers (Buehler *et al.*, 2003). In addition, carers who have good relationships with extended family (Walsh and Walsh, 1990; Kalland and Sinkkonen, 2001) or good social support networks (Beek and Schofield, 2002) offer more stable foster placements. Conversely, carer burnout reduces carer ability to help a foster child with their feelings (Buehler *et al.*, 2003; Piko, 2006).

The present study aimed to define the optimal target market of foster carers by identifying (1) whether personal attributes of foster carers – including a number of interpersonal capacities and personal resources – are associated with a reduced likelihood of placement breakdown (Buehler *et al.*, 2003), and (2) whether family relationships – including the relationship of the couple fostering

the child and the relationship between child and foster carers – are associated with the likelihood of placement breakdown (Oosterman *et al.*, 2007).

The answers to these questions will enable targeting of potential foster carers whose personal and family circumstances make them better equipped to deal with the pressures of the role and therefore be resilient in the role, reducing the likelihood of placement breakdown. In turn, this will provide better outcomes for foster children and contribute to the greater effectiveness of the foster care system. Therein lies the practical value of this study. Its theoretical contribution lies in (1) proposing what is arguably the most complex foster carer segmentation base: personal and relationship factors identified longitudinally to be associated with placement stability, and (2) extending the spillover hypothesis, proposed in family psychology, which argues that tensions between a subset of family members spill over and burden other parts of the family system, to the foster caring context.

METHOD

The current study extends on the work by Sinclair and Wilson (2003) and Sinclair *et al.* (2005). It was conducted in Australia, where foster care placements are funded by government and managed by both government and non-government agencies. Individual foster care agencies provide the supports associated with each placement, and most allocate a caseworker to each placement who takes responsibility for supporting both the carer and the child, and monitoring the child's wellbeing, progress and outcomes.

Fieldwork administration

Foster carers were recruited through the Australian Foster Care Association and local foster care agencies. Foster care agencies were contacted directly and asked to forward an invitation to participate in the study to their carers. Interested carers then contacted the researchers directly and

provided their contact details. Participants were then either emailed a link to the online survey or posted a paper survey, in both cases their survey contained a unique identifier that enabled individual responses in different waves of data collection to be linked. Although respondents were drawn predominately from metropolitan, regional and rural areas of New South Wales (68%), respondents from several other jurisdictions chose to participate in the study (Australian Capital Territory, Northern Territory, Queensland, South Australia and Victoria). The baseline survey took place from May 2011 to February 2012 and included multiple psychological test batteries and questions about the foster carers and their foster caring experience. The subsequent four data collection waves occurred in four month intervals. Questions focused on the status of the placement and any changes since the last wave of data collection (including whether the placement had broken down since the last wave, and if so the circumstances of that placement ending), and carers' level of satisfaction with various aspects of their role. The research protocol was approved by the university Human Research Ethics Committee (HE10/067) prior to data collection commencing.

INSERT FIGURE 1 ABOUT HERE

Measures

The measures used in this study were subsets of the measures taken at baseline and each of the follow-up waves. Unless otherwise indicated, measures are baseline only.

Carer characteristics served as descriptor variables. Carers reported on their age, sex, ethnicity, relationship status and level of education (1 = *no secondary high school qualification*, ..., 8 = *postgraduate qualification*). The Parenting Sense of Competence Scale (PSOC, Gibaud-Wallston and Wandersman, 1978; as cited by Johnston and Mash, 1989) was used to measure caregiving competence. Carers were asked to respond to 14 items on a 6-point agreement scale. Items were modified to the context of foster caring. Caregiving satisfaction and efficacy subscales were

derived from this measurement, with lower scores indicating greater *satisfaction* and *efficacy* respectively. The Basic Empathy Scale (BES, Jolliffe and Farrington, 2006) comprises 20 items with responses made on a 5-point agreement scale. Higher scores indicate greater empathy. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet *et al.*, 1988) measured perceived social support. Twelve items were responded to using a 7-point agreement scale. Carer-partner relationship quality was measured by asking five items about the degree of satisfaction, seriousness of problems, happiness experienced and how much they love their spouse or partner (Fletcher *et al.*, 2000; Ciarocchi *et al.*, 2012). Items were rated on a 7-point scale with higher scores indicating better relationship quality. Carers were asked to rate the quality of the placement match between themselves and their foster child on a 5-point scale.

A number of child-related measures were included as control variables at baseline, including the child's demographic characteristics, perceived progress of the child rated on a five-point scale, and a behavioural measure (Strengths and Difficulties Questionnaire; Goodman, 1997). This last instrument contains several subscales (emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviours), that are each aggregates of 10 items measured on a 4-point scale. Measures of support from the foster care system served as a second set of control variables. These measures comprised six different supports: quality of caseworkers (1 = *Excellent*, ..., 5 = *Very poor*), agency support (five items measured on a scale from 1 = *a lot less than needed*, ..., 5 = *a lot more than needed*), the number of training courses (0-9), financial allowance (1 = *more than enough*, ..., 4 = *a lot less than needed*), respite (number of days in the previous 4 months) and government agency support (1 = *very dissatisfied*, ..., 5 = *very satisfied*).

The following measures were taken at baseline and each subsequent wave. Overall satisfaction with foster caring was measured using the Satisfaction with Foster Parenting Inventory (SFPI, Leckies *et al.*, 1997). Responses range from 1 = *very dissatisfied* to 5 = *very satisfied*. The original scale has 22 items with three subscales: *role demands*, *social support services* and *personal needs*.

Administration involved two modifications: (1) to better differentiate sources of satisfaction with the items *relationship with your foster care agency, caseworker and government agency*, three separate items focussed on each source; and (2) a series of items were added sampling satisfaction with child progress, carer rights, confidence in the ability to care, social support, and satisfaction with life overall. The Parent-Child Relationship Scale (P-CRS; Pianta, 1995) was adapted to focus on the relationship between the carer and foster child over the previous four months. This 15-item measure has two subscales – conflicts and closeness – with responses on a 5-point scale. Higher scores indicate greater conflicts or closeness with the child.

Carers were asked whether the placement had changed since the last data collection wave. If it had changed, carers provided details regarding the end of the placement, including whether or not it had ended as originally planned, who decided to end the placement, and where the foster child went after the placement ended. These details were independently assessed by the first and second authors who determined whether it qualified as a ‘placement breakdown’ or a ‘non-breakdown placement change’. Those categorised as a *‘placement breakdown’* had discontinued and were also considered to have been unsuccessful (these elements reflect the two criteria used by Sinclair and Wilson (2003) to define placement success, namely (1) if the placement had broken down and (2) if it was rated as successful or not). Placements categorised as a *‘non-breakdown placement change’* had discontinued but did not meet the above two criteria (e.g. they may have ended but still been considered successful for other reasons such as early reunification with the birth family). In the case of any discrepancy between the independent assessors, agreement was achieved by revisiting the carer remarks. Placement breakdown served as a dependent variable in this study.

Analysis

Internal consistencies of scale measures are presented in Table 1. These values ranged from .55-.96, with all but two scales’ consistencies considered to be acceptable. Group comparisons of

scale measures were conducted using *t*-tests, unless a measure's data was identified as non-normal, in which case the corresponding nonparametric test (Mann-Whitney *U* test) was used. Comparisons of variables expressed as frequency counts (e.g. carer sex) were made using Fisher's exact test. Due to the low statistical power of this sample, the significance criterion was maintained at $\alpha = .05$.

INSERT TABLE 1 ABOUT HERE

RESULTS

Sample

Initially, 212 foster carers (corresponding to 143 placements) consented to participate in, at a minimum, the baseline survey and reported on the eldest child currently in care. The majority of these carers continued to provide data in at least some of the subsequent waves of data collection. The study sample was reduced to 75 because of a number of constraints on the data resulting in 64 continuing and 11 breakdown placements across the 20 months. Figure 1 outlines how these constraints were applied to the data set and describes the study sample. Exclusion criteria included omitting placements with children younger than 2 years, as these were deemed caring contexts that were (i) unlikely to encounter placement breakdown (Kalland and Sinkkonen, 2001), and (ii) could produce inaccurate or inconsistent data from measures designed to assess behaviour in older children (Whenan *et al.*, 2009). Instances of respite care were also omitted because of the intermittent nature of care. Overall, the study sample exhibited features consistent with the population of carers, namely they were on average, middle aged, and if a single carer more likely to be female.

Characteristics of successful foster carers

Table 1 summarises the comparisons between breakdown and non-breakdown groups and provides means and standard deviations (in parentheses) of scale measures, and contingency tables of frequency measures. Significant differences are marked with an asterisk (*) and effect sizes are reported to assist the reader in appraising the relative importance of effects as they arose in the present study. In terms of carer characteristics, the ratio of male to female carers was higher in the breakdown than the non-breakdown group. Differences in the carer-related variables of cognitive empathy, social support from family, and the quality of relationship with a partner were found between breakdown and non-breakdown groups, with continuing placements reporting higher levels. Carers in continuing placements also reported higher levels of caregiving satisfaction and role demands satisfaction than the breakdown group. Carers of continuing placements assessed the placement match as better, and rated their relationship with the child as closer and lower in conflict, but there was no reliable difference between continuing and breakdown groups in ethnicity match between the carer and child. No significant differences were identified with respect to child characteristics. However, as an effect of the child's age may have been masked by non-significant differences in placement length, an estimate of the child's age at placement commencement was made by subtracting baseline measures of placement length from the child's age. The placement commencement age ($M = 5.54, SD = 3.88$) was significantly lower for continuing ($M = 5.54, SD = 3.88$) than breakdown ($M = 8.48, SD = 3.59$) cases, $t(73) = -2.34, p = .02, d = -0.77$.

INSERT TABLE 2 ABOUT HERE

Correlations across the entire sample are presented in Table 2. Several factors are interrelated and in line with findings in prior literature: there is a negative association between the relationship quality with a carer's partner and both conflict with the child, and a positive association between relationship quality and satisfaction with role demands; cognitive empathy is positively associated with the level of closeness of carer and child; and family social support is negatively associated

with conflicts with the child and but positively satisfaction with caregiving and role demands as a carer. These associations support the notion that factors of placement breakdown do not work in isolation.

The spillover hypothesis

A mediation model of the spillover hypothesis with elements of burnout theory is proposed, which suggests that the association between quality of relationship with a carer's partner and satisfaction with the demands of the role should be mediated by the level of conflict with the foster child (see Figure 2). It is argued that spillover is more likely to occur *from* the relationship between carer partners *to* conflicts with the child than vice versa, despite the measurement of relationship quality when children were already placed, as there were no reliable differences in child behavioural variables between breakdown and continuing groups.

Single-carers were excluded from the data set for this analysis ($N = 54$). New data was used to test this hypothesis: two new variables were constructed using repeated measurements of the Conflicts subscale of the P-CRS (Pianta, 1995) and the Role Demands subscales of the Satisfaction with Foster Care scale (Leckies *et al.*, 1997). For the conflicts measure, an average of all measurements was taken from baseline up to the point of breakdown. Satisfaction with role demands was measured prior to breakdown for breakdown cases, and at the last survey wave otherwise. The temporal sequence of measurements conforms to the logic of the mediation model: relationship quality acts as an antecedent to conflicts with the child, and both measures act as antecedents to the level of satisfaction with role demands. Lastly, the age of the foster child at placement commencement was included as a covariate.

INSERT FIGURE 2 ABOUT HERE

Mediation analysis was conducted using PROCESS (Hayes, 2012) which uses bias-corrected bootstrapping to determine the significance of the indirect effect in the model, namely whether the

mediated route (conflicts with the child) can reliably explain variance that is otherwise attributed to the direct relationship between the independent variable (relationship quality with a partner) and the dependent variable (satisfaction with role demands of caring). The effect of age at placement commencement was controlled for in path analysis calculations. Bootstrapped confidence intervals were based on 10,000 bootstrap samples.

INSERT TABLE 3 ABOUT HERE

A summary of effects in the mediation model is presented in Table 3. The new role satisfaction measure produced a Cronbach's α of .68 (acceptable internal consistency). The total effect model, controlling for the effect of age at placement commencement, revealed that the relationship quality with a carer's partner was a significant predictor of the level of satisfaction with the role demands $c = .29, t(51) = 2.60, p = .012$. Specifically, the more positively a carer viewed the relationship with their partner, the greater their satisfaction with role demands. This model explained 13% of the variance in role demands satisfaction, $F(2,51) = 3.85, p = .028$. The results of the path analyses are given in Table 4. In the left set of columns it can be seen that relationship quality was a significant predictor of conflicts with the child ($a = -0.52, t(51) = -2.59, p = .013$ – the more positively a carer viewed the relationship with their partner, the lower the conflicts. In the right set of columns, conflicts with the child is a significant predictor of satisfaction with role demands ($b = -0.24, t(50) = -3.49, p = .001$, but relationship quality with the partner is not ($c' = 0.16, t(50) = 1.51, p = .138$).

INSERT TABLE 4 ABOUT HERE

The indirect effect of conflicts with the child was significant; this effect ($ab = .13$) explained a reliable component of variation in the total effect of relationship quality on role demand satisfaction (see 95% confidence interval in Table 4). Specifically, for each unit decrease in relationship quality with a partner, there is a .13 decrease in the level of satisfaction with the role

demands of being a carer, consistent with the increase of conflicts experienced with the child, arguably due to relationship spillover. The direct effect of relationship quality on satisfaction with role demands was not statistically different from zero, with 95% confidence. Thus, the variation in role demands satisfaction explained by variation in relationship quality when conflicts with the child is considered, was not reliable.

DISCUSSION

The current research has identified several carer-centric factors that may actively contribute to foster placement success or breakdown. Carers in continuing placements reported greater capacity to understand the emotional reactions of others (cognitive empathy), lending evidence to qualitative insights gained from carers (Buehler *et al.*, 2003). The potential for tensions to exist between carer and foster child when the carer is unable to adjust their expectations of the child during developmental change, especially with adolescents, has been noted (Rostill-Brookes *et al.*, 2011). Furthermore, the positive relationship between cognitive empathy and closeness with the child suggests that understanding the emotional response of another aids in forging a stronger sense of connection (Buehler *et al.*, 2003).

Some carer-related factors are more circumstantial. Greater support from family was associated with fewer breakdowns, in line with prior findings (Walsh and Walsh, 1990; Kalland and Sinkkonen, 2001). Broader social support networks are associated with many benefits, particularly psychological resilience, and the availability of others to help out gives carers more options to free up resources required for caring (Cohen and Wills, 1985). Correlations between variables identified that greater social support was associated with lower levels of conflict with the child and greater satisfaction of both caregiving and the role demands of caregiving.

The idea that a carer's resource availability depends on circumstances also fits with the finding

that carers with more positive relationships with their partner were less likely to experience placement breakdowns. The effect size for this variable is very large ($d = 1.47$). It is plausible that a good relationship maximises the capacity to deal effectively with emotional needs of the child (Cummings and Davies, 2002). Additionally, carers that demonstrate functional interaction with each other can provide the foster child with a relational model that reinforces acceptance, sharing and trust.

Other care-giver variables revealing differences between groups were associated with satisfaction with either caregiving itself, or the role demands associated with being a foster carer. That these baseline measures predicted later breakdown is consistent with the lengthy consideration that often occurs prior to actual breakdown (Randle *et al.*, 2016). If a carer feels unable to derive a sense of well-being from caring, it may indicate their low capacity to deal with challenges and may contribute to a crisis in future (Whenan *et al.*, 2009).

Correlations between the variables distinguishing breakdown from non-breakdown groups also identified that the carer factor of relationship quality with the partner is negatively related to the level of conflicts experienced in the relationship with the child, and positively related the level of satisfaction in the role demands of being a foster carer. This pattern of results was confirmed in a mediation model that used new data. These results are also consistent with the spillover of marital or cohabiting relationship hostility to parental hostility that was found to be associated with child aggression longitudinally, in a sample of adoptive parents and their children (Stover *et al.*, 2016).

The results offer evidence that for coupled carers, in line with the spillover hypothesis, relationship quality can limit available psychological resources to deal with the foster caring role. Relationship quality influences whether a carer can effectively manage the child's negative affect and, as a consequence, contributes to the degree that the relationship is conflict-ridden. In turn, greater conflict with the child taxes the already limited psychological capacity of the carer, resulting in lower tolerance for role demands, and lower satisfaction. Accordingly, this series of

effects presents a feasible mechanism that contributes to the positive association between relationship quality with a carer's partner and role demands satisfaction.

A number of factors in this study did not replicate earlier reports. In particular, the finding that behaviour of the child was not related to placement breakdown stands in contrast to previous research (e.g. Oosterman *et al.*, 2007; Rock *et al.*, 2015). However, children in non-breakdown placements were placed into care younger than those in the breakdown group. Speculatively, the reported behaviour of the child may reflect differences in the capacity of carers to deal with age-related behaviour, as a function of the age of the child at start of placement.

Finally, previous reports of foster carer perspectives of breakdown have highlighted a need for greater agency and system support (e.g. Gilbertson and Barber, 2003), although no difference between groups was found in this study. It is possible that – as resources become increasingly stretched – all carers need more support but this issue is more salient in the case of placement breakdown. Nonetheless, as a consequence of these null findings, the study represents an opportunity to examine carer-centric factors in a context that is not highly confounded with other variables.

Limitations of this study include a small sample size which is due to the difficulties with recruitment and the long duration of the study. Also, selection bias may be present given voluntary participation. Given that the rate of breakdown was lower than reported in other studies (15%), it can be assumed that carers participating in this study had a higher than average level of caring ability. Factors not measured here could also affect breakdowns, including problems between the child and a carer's partner or attachment difficulties with the child brought about by ongoing instability in birth family relationships. Foster children can also sabotage placements (Rostill-Brookes *et al.*, 2011), making breakdown independent of carer characteristics. The number of tests involved in the preliminary comparisons was large. Results in Table 1 were not adjusted for multiple testing because they were exploratory in nature. However, a subsequent

mediation analysis was supported by data, suggesting that differences shown in Table 1 are likely to be generalisable, and the theoretical arguments used to conceptualise these relationships are valid. Another limitation is the use of self-report measurement and the retrospectivity of some variables that are subject to cognitive biases such as forgetting and social desirability. However, the prospective nature of the study goes partway to countering concerns associated with the effects of such biases on the results, as cases were contrasted on the basis of actual outcome. Nonetheless, factors previously reported to predict breakdown may be insignificant here due to the attenuation of effects derived from self-report induced measurement biases. Finally, it should be noted that baseline measures for this study were taken after placements had already commenced. Future research could collect baseline data prior to placements commencing and then longitudinal data from then on to track the placement's progress.

This study extends previous research by contributing to the background knowledge necessary to satisfy the “urgent need to increase the supply of carers from whom to select” (Sinclair and Wilson, 2003) and create optimal matches with foster children. It does this by providing insight that foster care agencies can use to develop targeted marketing and recruitment campaigns. Past research has established that consumers respond more favourably to messages and imagery that reflect their own identity (Jaffe, 1991; Oakenfull and Greenlee, 2005). That high performing carers are likely to have higher levels of cognitive empathy suggests that promotions emphasising empathetic messages are likely to resonate with them. Promotions should also feature harmonious relationships with partners and children and strong support from family and friends.

Findings also have immediate practical implications for public policy makers and foster care agencies, although we acknowledge these recommendations are not always easy to implement given the very high demand for foster carers and the fact that any family situation is unique: First, during the screening of foster carers key markers of success identified in this study, such as cognitive empathy, could be assessed. Second, during screening and training of new foster carers,

more emphasis could be placed on the development and nurturing of social support from family and friends by encouraging their participation in training, where simple ways of helping the carer could be discussed. Finally, given the importance of relationship quality of the carer with their partner in minimising breakdowns of foster care relationships, partners should also be actively involved in the training phase. During the placement, agencies could offer supervision sessions for the couples caring for a foster child in an attempt to prevent relationship issues translating into conflicts with the child which, in turn, negatively affects the relationship quality with the child.

CONCLUSIONS

Key carer factors identified in this study as being associated with foster care placement breakdown include lower levels of cognitive empathy; lower levels of family support; less positive relationship of the foster carer with their partner; lower satisfaction with caregiving and the role of being a foster carer. Results also support the notion underlying the spillover hypothesis that relationship quality of couples who foster a child jointly, affects the psychological resources required when fostering a child. Conflict with the child mediates the association between a carer's relationship quality with their partner and the level of satisfaction with the role demands as a carer. This finding is consistent with the claim that poor partner relations limit a carer's capacity to deal with the negative affect of the foster child. The model also points to the potential for carers to be vulnerable to burnout (Brown and Bednar, 2006; Whenan *et al.*, 2009) because diminished satisfaction with a role, in combination with limited resources to deal with role demands, are known precursors of this condition.

Contrary to findings from prior studies, the foster child's behaviour was not associated with placement breakdowns. Child behaviour may still, however, indirectly lead to placement breakdown (Newton *et al.*, 2000; Oosterman *et al.*, 2007; Rock *et al.*, 2015; van Santen, 2015)

because it affects the quality of relationship of a carer with their partner. Accordingly, the results of this study may highlight a carer relationship dynamic that more generally can operate in tandem with, and receive feedback from, relational stresses due to child behaviour. Evidence to support a model of this kind would require cross-lagged panel data over multiple time points and is a potential direction for future research.

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Figure Legend

Figure 1. Flowchart depicting the breakdown of carer cases in the longitudinal data set. Additional descriptive statistics of carer groups are listed in Table 1.

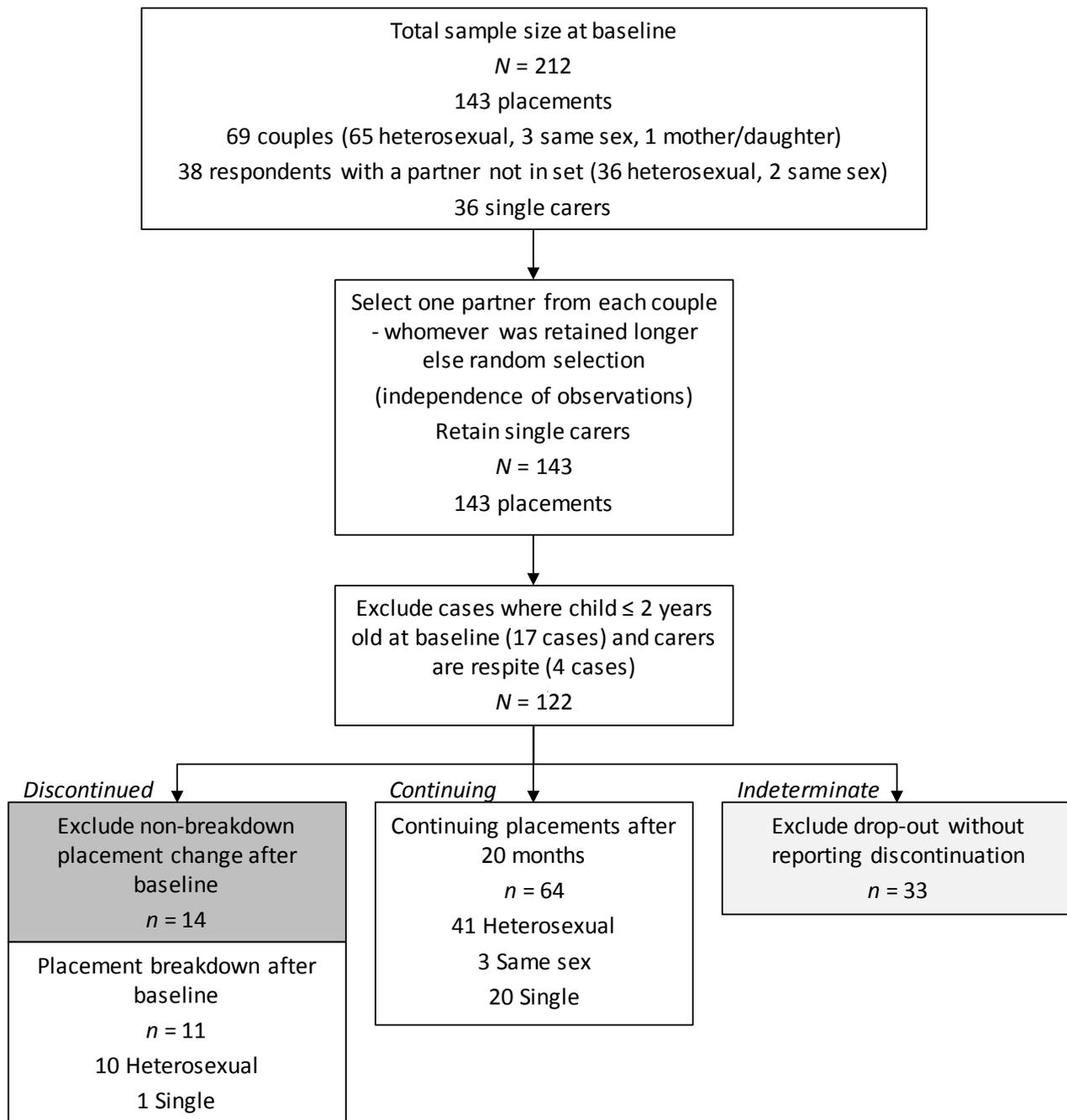
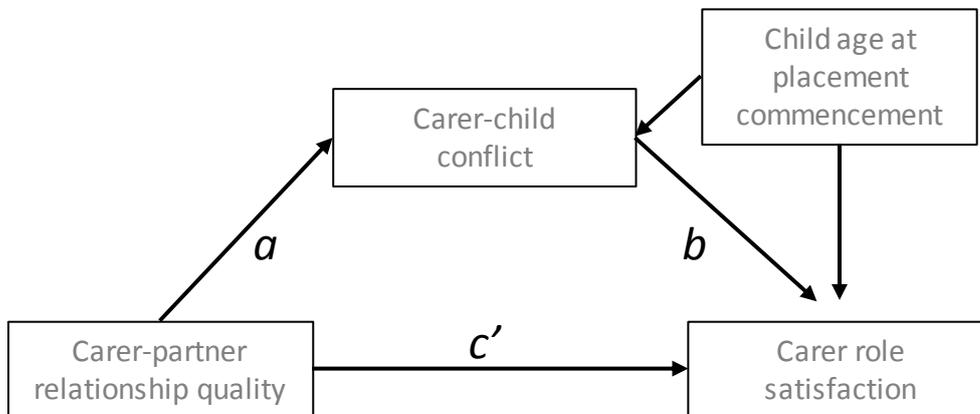


Figure 2. Mediation model of carer-child conflict on the association between carer-partner relationship quality and carer role satisfaction.



Tables

Table 1. Means and standard deviations or frequency counts of foster care factors, significance levels, and effect sizes of comparisons between continuing (non-breakdown) placement and breakdown placement groups.

	Cronbach α	Continuing $N = 64$	Breakdown $N = 11$	p	Effect size
Placement length (years)	-	4.21 (2.97)	2.80 (2.93)	0.15	0.48
Carer characteristics					
Age	-	47.45 (8.82)	45.82 (8.86)	0.57	0.18
Sex ‡					
Male		19	7	0.04*	0.21
Female		45	4		
Foster carer experience					
Time in foster care (years)	-	6.09 (4.54)	5.56 (4.09)	0.72	0.12
Number of placements† ^a	-	14.20 (23.11)	14.18 (14.46)	0.36	-0.11
Number of children cared for† ^a	-	12.53 (18.71)	14.82 (13.87)	0.25	-0.13
Education level	-	4.98 (2.09)	4.36 (1.75)	0.36	0.30
Caregiving competence (PSCOC)					
Caregiving satisfaction	0.82	26.20 (5.80)	21.55 (7.19)	0.02*	0.77
Caregiving efficacy	0.81	34.69 (6.20)	33.27 (6.99)	0.49	0.22
Foster caring satisfaction (SFPI)					
Caring role demands	0.55	27.00 (3.08)	24.00 (3.77)	0.01*	0.94
Social services support	0.81	14.78 (3.77)	14.73 (4.17)	0.97	0.01
Personal needs	0.71	19.47 (4.54)	19.55 (4.18)	0.96	-0.02
Empathy (BES)					
Cognitive	0.75	38.73 (4.02)	35.00 (4.29)	0.01*	0.92
Affective	0.76	37.38 (5.76)	36.27 (6.39)	0.57	0.19
Social support (MSPSS)					
Significant Other†	0.96	24.72 (4.66)	24.64 (3.93)	0.54	-0.07
Family†	0.93	24.19 (4.42)	20.27 (6.15)	0.03*	-0.25
Friends†	0.93	23.69 (3.82)	23.82 (4.14)	0.79	-0.03
Carer-partner relationship quality	0.90	($N = 44$) 31.91 (3.71)	($N = 10$) 25.60 (6.83)	0.02*	1.47
Placement match	-	1.52 (0.71)	2.00 (0.78)	0.04*	-0.66
Ethnicity match between carer and child ‡					
Yes		31	5	1.00	0.00
No		33	6		
Carer-child relationship (P-CRS)					
Conflicts	0.86	19.52 (7.79)	26.00 (8.10)	0.01*	-0.83
Closeness	0.86	29.45 (5.39)	24.45 (6.49)	0.01	0.90
Child characteristics					
Age					
Years	-	9.73 (3.78)	11.27 (3.98)	0.57	-0.40
Range (years)		3-17	3-16		
Sex ‡	-				
Male		32	8	0.20	0.14
Female		32	3		
Progress ‡	-				
Below expected		13	5	0.12	0.16
Above expected or expected		51	6		

Behaviour (SDQ)					
Emotional symptoms	0.68	3.06 (2.46)	3.55 (1.04)	0.28	-0.21
Conduct problems	0.76	3.53 (2.68)	4.64 (2.87)	0.22	-0.41
Hyperactivity	0.84	5.64 (2.94)	6.73(2.87)	0.26	-0.37
Peer problems	0.69	3.72 (2.42)	4.00 (2.61)	0.73	-0.11
Prosocial behaviour	0.79	5.97 (2.36)	4.73(2.83)	0.12	0.51
<i>Agency support factors</i>					
Caseworker quality	-	2.30 (1.19)	2.45 (1.29)	0.69	-0.12
Agency support satisfaction	0.68	13.41 (3.56)	12.45 (2.91)	0.41	0.28
Training (number of courses)	-	7.03 (3.71)	7.64 (3.47)	0.62	-0.17
Monetary allowance satisfaction	-	2.34 (1.06)	2.64 (1.03)	0.40	-0.28
Respite (days)†	-	3.38 (4.31)	3.64 (3.98)	0.55	-0.07
Government agency satisfaction	-	2.64 (0.97)	3.05 (0.79)	0.19	-0.43

Note. Unless otherwise indicated, group comparisons were conducted using *t*-tests. Effect sizes are Cohen's *d* (0.20 is small, 0.50 is medium, 0.80 is large).

*Significant differences identified between groups, without correction.

†Group comparisons were performed using Mann-Whitney *U* tests. Effect sizes are Clark-Carter's conversion to *r* (0.10 is small, 0.30 is medium, 0.50 is large).

‡Group comparisons of frequency data were examined using Fisher's exact tests. Effect sizes calculated using the continuity corrected Pearson χ^2 value and are Cohen's *w* (0.10 is small, 0.30 is medium, 0.50 is large).

^aThe number of placements and number of children can vary due to sibling placements.

Table 2. Correlations of factors discriminating continuing placement and breakdown placement groups.

	1	2	3	4	5	6	7	8	9
1. Placement match	1								
2. Conflicts	.37**	1							
3. Closeness	-.60**	-.44**	1						
4. Cognitive empathy	-.11	-.03	.34**	1					
5. Family support	-.11	-.32**	.11	.04	1				
6. Caregiver satisfaction	-.42**	-.71**	.50**	.01	.42**	1			
7. Satisfaction with role demands	-.19	-.47**	.29*	.21	.35**	.51**	1		
8. Partner relationship quality (<i>N</i> = 54)	-.21	-.47**	.18	.08	.21	.22	.41**	1	
9. Child age at placement commencement	.17	.06	-.27*	.01	-.10	-.15	-.04	-.20	1

***p* < .01. **p* < .05.

Table 3. Summary of effects in the mediation model

Effect	Estimate	95% confidence interval
Total effect		
<i>Relationship quality c</i>	0.29*	[0.07, 0.51]
Direct effect		
<i>Relationship quality c'</i>	0.16	[-0.05, 0.37]
Indirect effect		
<i>Conflicts ab</i>	0.13*	[0.02, 0.30] †

*Significant at $p < .05$. †Bias corrected bootstrap confidence interval (95%).

Table 4. Model coefficients for a mediation model of conflicts with the child on the association between relationship quality with a carer's partner and the level of satisfaction with the role demands of being a carer.

Antecedent		Consequent						
		<i>M</i> (Conflicts)			<i>Y</i> (Role demands)			
		Coeff.	<i>SE</i>	<i>p</i>		Coeff.	<i>SE</i>	<i>p</i>
<i>X</i> (Relationship quality)	<i>a</i>	-0.52	0.20	.013	<i>c'</i>	0.16	0.11	.138
<i>M</i> (Conflicts)		-	-	-	<i>b</i>	-0.24	0.07	.004
Age		0.31	0.27	.262		0.01	0.14	.946
Constant	<i>i_M</i>	35.86	6.77	<.001	<i>i_Y</i>	27.40	4.17	<.001
		$R^2 = .15$				$R^2 = .30$		
		$F(2, 51) = 4.76, p = .013$				$F(3, 50) = 7.19, p = .004$		