Factors Associated With Stability for Children in Family Foster Care: A Study of Case Files in Six Municipalities in Sweden

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ABSTRACT

Stability is vital for the development, health and relationships of children in family foster care. Instability can lead to social and school issues, low self-esteem and diminished trust in caregivers. This article examines the risk and protective factors for stability for these children. Data, drawn from case files in six municipalities (n = 116), combine qualitative and quantitative analyses for a comprehensive understanding. Twenty children from each municipality were selected, with 10 in stable placements (lived in one family foster home for over a year) and 10 in unstable placements (lived in at least two different family foster homes). Quantitative results highlight the importance of factors like familiar placements, a child’s age at the time of placement, behavioural challenges and the number of children in the foster home. Stable placements were more common in homes with fewer children (including foster and biological children). Qualitative findings show that in some instances, breakdowns in foster care placements could not be foreseen, often arising from stressful events within the foster family's life after the child's placement. Additionally, we observed that breakdowns sometimes resulted from foster parents lacking the necessary resources to address the child's requirements, particularly in cases involving children with behavioural challenges or extensive needs.

1 | Introduction

In Sweden, family foster care has for a long time been preferred alternative for children in need of out-of-home care. There is a dominant discourse that a child should grow up in a home. For those who cannot live with their birth parents, family foster care is prioritised over institutions for children (Bergman 2011). In the year 2022, approximately 19,200 children, 72% of all children placed out-of-home, lived in family foster care (The National Board of Health and Welfare [NBHW] 2023). Placement in family foster care can be voluntary, according to the Social Services Act (2001:453), chap. 4, §1, or enforced, according to the Care of Young Persons Act (1990:52), 2, 3, 6§.

The majority of children placed in family foster care during the year 2022 was placed according to the Social Services Act (NBHW 2023). Sixty-two percent was voluntary, and 38% enforced (NBHW 2023). Of the total population of children and young people aged 0–20, about 0.76% was placed in family foster care in 2022. Foster care in Sweden is based on a 'principle of reunification', which means there is the intention that the social services support the children and parents to be reunified as soon as possible (Government Bill 2002/03:53, 84; Social Services Act, chap. 6, §8), and if that is not possible, if the parents are not capable to take care of their child, to provide care with safe nurturing foster carers with whom the child can grow up. When a child has lived in a family foster home for 2 years, the social services
are obliged to consider whether there are grounds to transfer custody to the foster parents (Social Services Act, chap. 6, 8b§).

The continuity of care for foster children has been an essential goal for a long time. Continuous meaningful relationships with caring adults are fundamental to secure improved outcomes for the children. Stability (i.e., minimising the number of out-of-home placement changes) is important for foster children’s development, health and relationships (Vanderwill et al. 2021). Instability for children risks leading to social problems, school problems, negative self-esteem and reduced trust in caregivers and other adults (Konijn et al. 2019; Rock et al. 2015). Placement breakdown means that a placement is terminated contrary to plans drawn up by the child welfare authorities (Christiansen, Havik, and Anderssen 2010). In order to have their needs met, children have to move from one foster family to another foster family or group home under the responsibility of child welfare authorities (Oosterman et al. 2007). A placement breakdown initiated by the foster parents may signal that from their perspective, there is a mismatch between what they can offer the child in terms of support, care and stimulation and what the child needs (van Santen 2015). A placement breakdown on the child’s initiative may signal that there is a mismatch between the selected family foster home and the child’s wishes and perceived needs. From that perspective, a breakdown does not always have to be negative, as a move to a new and more suitable family foster home can lead to a better situation for the child. However, not all breakdowns are due to mismatches. Breakdowns can also occur because of changing conditions that were not possible to foresee. In this article, we use the terms stability, instability and breakdown according to the definitions presented above. The aim of this article is to analyse the risk factors for instability and protective factors for stability when children are placed in family foster care.

2 | Statistics on Placement Breakdowns

Research has shown that between 20% and 50% of children in foster care experience that their planned stay in a family foster home ends with a breakdown (Minty 1999; Oosterman et al. 2007). In a Swedish study, 29% of placements ended with a breakdown (Skog et al. 2012). Another Swedish study that included residential care found that between 30% and 37% of placements was prematurely terminated (Sallnäs, Vinnerljung, and Kyhle Westermark 2004). The highest rates of breakdown were in non-kinship family foster homes, 41%–51% (Sallnäs, Vinnerljung, and Kyhle Westermark 2004). A third Swedish study found that 24% of long-term placements ended with a breakdown (Vinnerljung, Sallnäs, and Berlin 2017).

Several studies have found that the risk of breakdown in family foster care is highest in the months following the placement. Wulczyn, Kogan, and Harden (2003) found that most of the movements of children occur in the first half-year of their foster care stay. Another study found the highest risk for breakdown during the first 18 months (Vanderfaeillie et al. 2018). In their meta-analysis, Oosterman et al. (2007) found that for the length of time in foster care, the first 6 months of placement pose the most risk of breakdown. In a Swedish study, 87% of breakdowns was initiated within a year (Skog et al. 2012).

3 | Previous Literature About Factors of Relevance for Stability and Instability

There are different factors that are associated with stability and instability for children in foster care. This section presents factors related to the family foster home, the foster child, the birth family and the care system. This is a common way of categorising these factors; however, we would like to emphasise that some of the factors usually attributed to the child may imply that the child bears responsibility for the breakdown. A more appropriate description would be that the foster child’s needs have not been met. Standard phrases such as ‘behavioural challenges’, ‘externalising problems’ and ‘mental health problems’ should not be interpreted as an individual deficit in the child, but as a failure to meet these needs of the child (cf. Flynn 2020).

3.1 | Factors Related to the Family Foster Home

Research has shown that the presence of other children in the family foster home has relevance for stability and instability. The presence of biological children of foster carers increases the likelihood of a breakdown (Montserratt, Llosada-Gistau, and Fuentes-Peláez 2020; Oosterman et al. 2007; Rock et al. 2015). There are studies that have found that the presence of other foster children in the family foster home is associated with placement stability (Rock et al. 2015; van Rooij et al. 2019). There are also studies that have found that placement together with siblings is a protective factor in this regard (Font and Kim 2022; Konijn et al. 2019; Rock et al. 2015; Waid et al. 2016). However, there are mixed results about the effects of placement with siblings on placement stability (Koh et al. 2014; Oosterman et al. 2007). According to a Swedish study by Vinnerljung, Sallnäs, and Berlin (2017), placement of siblings in the same foster home may be a risk factor. Montserratt, Llosada-Gistau, and Fuentes-Peláez (2020) found that unplanned terminations were more common when the foster child had a sibling in another foster family. Chamberlain et al. (2006) found a trend for increased risk of disruption for children with behavioural problems as the number of children in the family foster home increased. Montserratt, Llosada-Gistau, and Fuentes-Peláez (2020) found that placement breakdown was less likely to occur if the foster parents cared for only one foster child than if they cared for two or more foster children.

Several studies show that children in kinship care experience less breakdown than children in non-kinship care (Bell and Romano 2017; Chamberlain et al. 2006; Koh et al. 2014; Konijn et al. 2019; López et al. 2011; Osborne et al. 2021; Rock et al. 2015; Sallnäs, Vinnerljung, and Kyhle Westermark 2004; Winokur, Holtan, and Batchelder 2018). However, there are also studies that have not found this association (Holtan et al. 2013; Oosterman et al. 2007; Vanderfaeillie, Van Holen, and Coussens 2008). Other protective factors for placement stability are placements with older carers, experienced carers (Rock et al. 2015) and foster carers being a couple (Montserratt, Llosada-Gistau, and Fuentes-Peláez 2020).

Stressors and stressful events in the foster parents’ life situation may lead to placement breakdown (Farmer, Lipscombe, and Moyers 2005), for example, divorce or unemployment (Koh et al. 2014), health problems or bereavement in the family

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et al. 2011; Oosterman et al. 2007; Rock et al. 2015; Sallnäs, prepared appropriately (Vanderfaeillie et al. 2018). It is also im-
portant to be aware of the child’s problems and needs before place-
and/or do not receive sufficient support. Therefore, it is import-
when the foster parents are not able to cope with the problems

3.2 | Child Factors

The age of the foster child is strongly related to instability. The older the child is at the time for placement, the higher the risk of disruption (Harkin and Houston 2016; Oosterman et al. 2007; Rock et al. 2015; Strijker, Knorth, and Knot-Dickscheit 2008; van Rooij et al. 2019; van Santen 2015; Vanderfaeillie et al. 2018; Vanderfaeillie, Van Holen, and Cousseens 2008; Vreeland et al. 2020). This can be explained in several ways. Older children often have more serious problems, and then the care of the children will be more challenging. Older children have often experienced more placement movements, which can lead to difficulties for them to connect to new foster carers. Older children may also have been more impacted by a longer stay in their biological family before being placed in family foster care (Kalland and Sinkkonen 2001; Vanderfaeillie et al. 2018).

The foster child’s behavioural challenges are related to instability (Chamberlain et al. 2006; Clark et al. 2020; Harkin and Houston 2016; Koh et al. 2014; Konijn et al. 2019; López et al. 2011; Oosterman et al. 2007; Rock et al. 2015; Saltnäs, Vinnerljung, and Kyhle Westermark 2004; Skoog et al. 2012; Vanderfaeillie et al. 2018; Vanderfaeillie, Van Holen, and Cousseens 2008). Behavioural challenges may lead to breakdown when the foster parents are not able to cope with the problems and/or do not receive sufficient support. Therefore, it is important to be aware of the child’s problems and needs before placement in a family foster home, so that the foster carers can be prepared appropriately (Vanderfaeillie et al. 2018). It is also important to be aware that behavioural challenges may not only lead to breakdown; they can also be the result of a breakdown (Newton, Litrownik, and Landsverk 2000).

There is a relation between mental health problems of the foster child and breakdown of the placement, especially when the child has externalising problems (Oosterman et al. 2007; Rock et al. 2015; Vanderfaeillie, Van Holen, and Cousseens 2008). Externalising problems may result from children’s exposure to trauma. A study by Clark et al. (2020) shows that children with trauma symptoms above the clinical threshold experienced greater placement instability. Liming, Akin, and Brook (2021) found that children with greater cumulative adverse childhood experiences (ACE) have greater risk of experiencing placement instability. Research shows that children placed in care because of abuse experience more placement breakdowns than children placed in care because of neglect (Oosterman et al. 2007). Vanderfaeillie, Van Holen, and Cousseens (2008) found that sexually abused children experienced more placement breakdowns than physically abused children.

Children with previous placements experience more placement disruption (Oosterman et al. 2007; van Rooij et al. 2019). López et al. (2011) found increased risk for breakdown for children with previous placements in residential care. As a consequence of a breakdown, the child may give up or disconnect from their new carers, resulting in an increased breakdown risk.

3.3 | Factors Related to the Birth Family

One reason for breakdown related to the birth family may be conflicts between the birth parents and foster parents (Koh et al. 2014; Vanderfaeillie et al. 2018), for example, when the birth parents do not accept the placement of the child. Studies about the association between foster children’s contact with their birth parents and placement disruption show varying results. More contact was related to increased risk of placement breakdown in some studies, while other studies found greater stability (Oosterman et al. 2007; Rock et al. 2015).

3.4 | Factors Related to the Care System

Several studies have found that a greater number of changes in social workers handling the cases is associated with instability (Rock et al. 2015). Qualitative findings show that a consistent and strong relationship with a social worker is viewed positively by foster carers and foster children. More frequent contact among the social workers, foster children and foster carers is negatively associated with instability (Rock et al. 2015). Training and support provided to the foster carers are relevant factors for stability (Kalland and Sinkkonen 2001). Khoo and Skoog (2014) found that from the foster parents’ perspective, breakdown is a complex process rather than a single event. Their study shows that the ‘road to breakdown’ included a lack of knowledge about the child’s needs, insufficient understanding of the placement process, a difficult relationship with the social worker and a lack of individualised service and the right support at the right time.

4 | Methods and Material

For this article, qualitative and quantitative data and analysis are combined and integrated for the purpose of developing a broad and deep understanding. The use of multiple methods and sources can lead to richer data. Qualitative results can help to explain and illustrate quantitative results (Johnson, Onwuegbuzie, and Turner 2007). The empirical material for this article has been collected within a project investigating the factors related to instability and instability of family foster home placements. Three researchers in the project visited social service offices at six medium-to-large municipalities in Sweden to collect the data from case files. The study was carried out in different municipalities with a geographical spread, in order to get variation as the professional practice may vary across municipalities. In the selected municipalities, there are special units with several employed social workers who handle the family foster care cases.

The selection of files consists of 20 children from each municipality with ongoing family foster home placement, of which 10 children have lived in the same family foster home for at least
1 year (stable) and 10 children have been removed (unstable) and lived in at least two different family foster homes; emergency home placements have been excluded. This definition of stable/unstable placement has been used in previous research. In a Swedish study, 87% of breakdowns was initiated within a year (Skoog et al. 2012).

The data set used for the descriptive quantitative analyses and the thematic qualitative analysis was constructed based on information that was found in these case files. Case files are documents where social workers handling the cases describe the assessments and decisions made within the case.

These documents are of course very confidentially sensitive and contain private information. We therefore decided to read the documents on site at the social services offices, using a structured template to fill in information about the characteristics of the child and the foster family, without collecting names or other identifiers such as date of birth (see Appendix A for a full list of characteristics recorded). In instances of ambiguity during the recording process, our team engaged in discussions to establish the most appropriate method for documenting the information. In every case, a minimum of two project researchers was involved in recording data from case files into the dataset. Although the majority of entries was straightforward, we specifically deliberated on cases with unclear or interpretable information in the files, and to accommodate this data, we updated the template to include an ‘information not available’ category for variables where the case file data were ambiguous or not explicitly mentioned. The early and consistent involvement of multiple researchers in data collection and documentation, coupled with proactive discussions to reconcile differing interpretations, unequivocally guaranteed a thorough and dependable recording of variables extracted from the case files. The study has been approved by the Swedish Ethical Review Authority (Dnr 2021-00886; 2022-03017-02).

We did descriptive analyses with chi-square tests in order to find what characteristics in family foster homes or in children have significant associations with stable and unstable placements. The chi-square test was an effective method for our small data set for identifying factors that are associated with stable and unstable placements and therefore relevant for further qualitative analysis. Accordingly, we thereafter used qualitative information in order to better understand the factors associated with breakdowns in the family foster homes. Data from the case files were subjected to qualitative thematic analysis (Braun and Clarke 2006). For this article, we focused on the parts of the case files, in unstable cases, where the social workers describe the reasons why the children were removed from the family foster homes. First, the analysis was carried out on a case-by-case basis. Thereafter, the analysis focused on the entire material. Recurring themes were developed. The analysis process took its starting point in the previous research about breakdowns in family foster care. We have sorted descriptions of reasons for breakdowns related to the child, the family foster home and the birth family. Quotes from the case files have been selected to illustrate themes that emerged in the analysis.

Tables 1 and 2 show some descriptive information about the empirical material in this study. Our aim was to collect an equal

| TABLE 1 | Descriptive information about the children in the data set.  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>33 (55) 23 (59) 56</td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>27 (45) 33 (41) 60</td>
<td></td>
</tr>
<tr>
<td>Behavioural challenges</td>
<td>No</td>
<td>48 (80) 34 (61) 82</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>12 (20) 22 (39) 34</td>
</tr>
<tr>
<td>Age categories</td>
<td>0–5</td>
<td>30 (50) 8 (14) 38</td>
</tr>
<tr>
<td></td>
<td>6–12</td>
<td>20 (33) 35 (63) 55</td>
</tr>
<tr>
<td></td>
<td>13–17</td>
<td>10 (17) 13 (23) 23</td>
</tr>
<tr>
<td>Country of birth</td>
<td>Sweden</td>
<td>52 (87) 45 (80) 97</td>
</tr>
<tr>
<td></td>
<td>Abroad or NA</td>
<td>8 (13) 11 (20) 19</td>
</tr>
<tr>
<td>Total</td>
<td>60 56 116</td>
<td></td>
</tr>
</tbody>
</table>

Note: Number and percentage of stable versus unstable within the characteristic (column percentage in parentheses).

| TABLE 2 | Descriptive information about the family foster homes in the data set.  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster parent(s) civil status</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>Married/cohabiting</td>
<td>52 (87) 48 (86) 100</td>
<td></td>
</tr>
<tr>
<td>Single woman</td>
<td>12 (12) 8 (14) 15</td>
<td></td>
</tr>
<tr>
<td>Single man</td>
<td>1 (2) 0 (0) 1</td>
<td></td>
</tr>
<tr>
<td>Number of biological children</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>9 (15) 7 (13) 16</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7 (12) 4 (7) 11</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>15 (25) 20 (36) 35</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>15 (25) 10 (18) 25</td>
<td></td>
</tr>
<tr>
<td>4 or more</td>
<td>14 (24) 15 (27) 29</td>
<td></td>
</tr>
<tr>
<td>Parental education (Parent 1)</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>Max 9 years</td>
<td>10 (17) 12 (21) 22</td>
<td></td>
</tr>
<tr>
<td>Max 12 years</td>
<td>34 (57) 28 (50) 62</td>
<td></td>
</tr>
<tr>
<td>University education</td>
<td>12 (20) 11 (20) 23</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>4 (7) 5 (9) 9</td>
<td></td>
</tr>
<tr>
<td>Parental education (Parent 2)</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>Max 9 years</td>
<td>5 (8) 2 (4) 7</td>
<td></td>
</tr>
<tr>
<td>Max 12 years</td>
<td>21 (35) 23 (41) 44</td>
<td></td>
</tr>
<tr>
<td>University education</td>
<td>20 (33) 14 (25) 34</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>14 (23) 17 (30) 31</td>
<td></td>
</tr>
<tr>
<td>Previous relationship child/family foster home</td>
<td>Stable Unstable Total</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>48 (80) 52 (93) 100</td>
<td></td>
</tr>
<tr>
<td>Family/network</td>
<td>12 (20) 4 (7) 16</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60 56 116</td>
<td></td>
</tr>
</tbody>
</table>

Note: Number and percentage of stable versus unstable within the characteristic (column percentage in parentheses).
number of cases where the placement was stable versus unstable at each of the six welfare offices. This aim was not entirely achieved; we have four more cases with stable placements. The reason for this is that in two municipalities, there were not a sufficient number of unstable cases that met the criteria for selection; however, this is not expected to affect our substantial findings.

In Table 1, we show descriptive information about the children in the data set. When it comes to gender, we have a relatively equal share between boys and girls. The majority of the children do not have reported behavioural challenges. The largest share of children belongs to the middle age category, 6–12 years old, and the majority of the children was born in Sweden.

Table 2 shows some descriptive statistics about the family foster homes in the data set. The majority of the family foster homes is two-parent families with at least one biological child. The majority of the family foster home parents has more than compulsory (9-year) education, and the majority of the family foster homes does not have a previous relationship with the child.

5 | Findings

5.1 | Quantitative Analysis

We did analyse several different relevant factors that we were able to record from the case files. It is possible that the limited size of the empirical material hides some relevant associations between the stability of the placements and factors of family foster homes and the child. There are likely additional important social and psychological factors related to both the child and the family foster home. These social and psychological factors are not specifically evaluated in the placement process and therefore not necessarily known to the case workers when they make the decisions about the placement. This information is naturally also missing from the case files and therefore from our empirical material.

We tested for associations between our variable of interest: the stability of the placement and factors related to (i) family foster homes, (ii) birth family and (iii) individual child factors. Based on these analyses, we could identify four factors which were associated with the stability of the placement. These findings are presented shortly in Tables 3–6 before moving on to a closer qualitatively oriented scrutiny of factors associated with instability.

<table>
<thead>
<tr>
<th>Stable placement</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>61.1%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>38.9%</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Number and column percentage.

<table>
<thead>
<tr>
<th>Stable placement</th>
<th>Non-familiar</th>
<th>Familiar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>75%</td>
<td>51.7%</td>
</tr>
<tr>
<td>No</td>
<td>52</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>52%</td>
<td>25%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>16</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Number and column percentage.

<table>
<thead>
<tr>
<th>Stable placement</th>
<th>Age categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–5 years</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>78.9%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>21.1%</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Number and column percentage.

<table>
<thead>
<tr>
<th>Stable placement</th>
<th>No behavioural challenges</th>
<th>Behavioural challenges</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>58.5%</td>
<td>35.3%</td>
<td>51.7%</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>22</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>42.5%</td>
<td>64.7%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>34</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Number and column percentage.

5.1.1 | Family Foster Home Factors

5.1.1.1 | Number of Children in Family Foster Home (Other Foster Children and Biological Children, Excluding the Foster Child). This variable was collected from the case files and coded in five categories, no children,
1, 2, 3 and 4 or more children. We find that stable placements are more common in family foster homes with a lower number of children, $X^2(4, N=116)=9.847, p < 0.043$.

5.1.1.2 | Familiarity in Placement. This variable was collected from the case files and coded in two categories: unrelated home versus familiar home. Acquainted homes include placements with relatives or at homes within the social network. We find significant association suggesting that placements at acquainted homes are associated with successful placement, $X^2(1, N=116)=4.027, p < 0.045$.

5.1.2 | Child Factors

5.1.2.1 | Child’s Age. The age of the child at the time of placement in the current family foster home was collected from the case files and coded in three categories: 0–5 years, 6–12 years and 13–17 years old. We find that placements when the child is younger are more stable than those with older children $X^2(2, N=116)=17.101, p < 0.001$.

5.1.2.2 | Child’s Behavioural Challenges (This Variable Includes Children in Whose Case Files Disability, Illness or Diagnosis That Affects Their Behaviour Was Mentioned). Information about the child’s behavioural challenges was collected from the case files, and the data were registered in two categories: behavioural challenge or no behavioural challenge. We find that unstable placements are more common in cases where the child has behavioural challenges $X^2(1, N=116)=5.200, p < 0.045$.

5.2 | Qualitative Analysis

In 56 of the 116 analysed cases, the placement ended with a breakdown. In these case files, the reasons for breakdown and placement change could be studied more carefully. The case files provide information on why the placement was ended. We present the results as factors related to the foster parents, the foster child or the birth parents. These factors may obviously be interrelated, and the reasoning related to one of the factors may well be relevant regarding another.

5.2.1 | Factors Related to the Family Foster Home

The quantitative analysis showed that disruptions were more common in families with many children. The case files allow us to gain a deeper understanding on why many children in a foster home may be a risk factor. In one of the cases included in this study, there were two biological children and six placed children, in total eight children in the home at the same time. In the case file, the social worker noted that it was an objection that there were so many children in the home, some of them with special needs, which signals doubts whether the match between the child and carers was appropriate.

There are also other examples of cases where the match between children and foster parents had not worked well, as some foster children are described as having extensive needs that the foster parents could not meet. In some cases, there are notes in the case files that the foster children’s needs are not met by the foster parents, and in one of those cases, the child is described as being more like a ‘lodger’ than a family member in the family foster home.

The foster parents’ own health could also be the reason for a placement change of the child to a new family foster home:

The foster parents have expressed a lack of energy, that they sometimes feel unable to give [the foster child] the stimulation and support he needs to develop and feel good. It has become clearer with increasing age and increased demands from school.

In a similar way, lack of energy and a feeling of powerlessness were the reason why another foster family resigned. The foster child had turned to staff at school and said things that caused concern for the child’s situation in the family foster home. The foster parents therefore felt a constant worry about what they might be accused of, which affected them negatively, and led to a breakdown.

A commonly expressed reason for foster parents to resign was that their own children were negatively affected by the situation in the family foster home: ‘Their own son has reacted strongly and withdrawn.’ Sometimes, the biological children are exposed to violence from the foster children: ‘During the outbursts, she has hit, kicked and bit the foster parents and the biological children. The situation has finally become untenable and it has been assessed that [the foster child] needs to be removed.’

In other cases, there were notes about reports and shortcomings of the foster parents that questioned their suitability. In these notes, the social workers described foster parents who did not cooperate with the social services in a way that was expected, foster parents who did not want to participate in training for foster parents, foster parents who lacked in their communication with the foster child and foster parents who did not meet the child’s emotional needs. There were also examples of children being removed because of violence in the family foster home, violence against the child or violence against another person in the family foster home.
5.2.2 | Factors Related to the Child

According to the quantitative results, the files show that breakdowns are triggered by the social services’ inability to find foster care that matches the child’s challenging behaviour such as an individual who is violent, inflicts self-harm or is suicidal. In some cases, the foster child was removed after serious incidents in the family foster home:

The girl has had several outbursts in recent weeks and the situation has been unmanageable for the foster family. The girl has cut herself on her legs and arms.

In other cases, there are descriptions of the child having aggressive outbursts that the foster parents were unable to handle:

For a long time, the family foster home has had a very stressful everyday life with [the foster child]. She has great difficulty managing her anger with major outbursts as a result.

Other factors related to the child’s behaviour could be that the child was involved in the abuse of alcohol or drugs, that the child threatened and behaved aggressively toward another child in the family foster home, that the child repeatedly ran away from the family foster home or that the child attended meetings with strangers via contacts on social media, which worried the foster parents and affected their own health negatively. Some foster parents described situations where there was a need for round-the-clock supervision of the child, which they were not able to provide.

5.2.3 | Factors Related to the Birth Family

Another important factor that was not easily recorded by the quantitative data, but was visible in the case files, was information regarding the birth parents. Qualitative analysis of the case files shows that birth parents can also play a role in disruption.

In the case files, there are examples of birth parents who questioned the quality of the care of their child in the family foster home. Birth parents could also cause the breakdown by not returning the child to the family foster home after a contact visit:

The mother kept the child in the context of a contact visit and thus terminated the family foster home placement.

This outcome, termination after a contact visit, is possible when the child is placed in family foster care voluntarily and not according to a court decision. In another case, the foster parents complained that persons in the child’s social network behaved threatening toward them, which led to the foster parents’ resignation and a quick removal of the child to another home. In additional cases, other kinds of difficulties in the contact between the birth family and the foster family could lead to breakdown:

There were tensions and cooperation difficulties with the network, which led to the children being emotionally distressed.

Such emotional stress for the child could lead to worries and problems in the family foster home and to a placement change for the child.

5.2.4 | Complex Reasons for Breakdown

Breakdowns can be complex processes, where it is difficult to pinpoint the main cause or who initiated the placement change. Different factors may be intertwined. For example, in one case, there were conflicts between the foster child and another family member in the family foster home, the birth family expressed criticism of the foster parents and the social workers came to the conclusion that there was a need for removal of the child.

The case files also show how unexpected events in life such as divorce/separation, death or other stressful life occurrences led to the termination of the placement. In one case, the foster mother abruptly died from a disease. These situations are unpredictable but have a profound effect on foster children, who not only have to endure the grief but also have to change foster homes.

6 | Discussion

Stability is vital for the development, health and relationships of children in family foster care (Vanderwill et al. 2021). Instability can lead to social and school issues, low self-esteem and diminished trust in caregivers (Konijn et al. 2019; Rock et al. 2015). This article has analysed the factors associated with stability and instability for children in family foster care. The results of the quantitative analysis reveal that the number of children in family foster homes, placements in acquainted homes, child’s age at the time of the placement and the child’s behavioural challenges were factors of relevance. These results are in line with previous research. There are several studies that have shown that children in kinship care experience less breakdown than children in non-kinship care (Bell and Romano 2017; Chamberlain et al. 2006; Koh et al. 2014; Konijn et al. 2019; López et al. 2011; Osborne et al. 2021; Rock et al. 2015; Sallnäs, Vinnerljung, and Kyhle Westermark 2004; Winokur, Holtan, and Batchelder 2018). Previous studies have shown that foster children’s behavioural problems are related to instability (Chamberlain et al. 2006; Harkin and Houston 2016; Koh et al. 2014; Konijn et al. 2019; López et al. 2011; Oosterman et al. 2007; Rock et al. 2015; Sallnäs, Vinnerljung, and Kyhle Westermark 2004; Skoog et al. 2012; Vanderfaellie et al. 2018; Vanderfaellie, Van Holen, and Coussens 2008). There are also many studies showing that children’s age at placement is of relevance, with higher risk of disruption for older children and lower risk for younger children (Harkin and Houston 2016; Oosterman et al. 2007; Rock et al. 2015; van Rooij et al. 2019; van Santen 2015; Vanderfaellie et al. 2018; Vanderfaellie, Van Holen, and Coussens 2008; Vreeland et al. 2020).
This study found that successful stable placements were more common in family foster homes with lower number of children (total number of foster children and biological children in the family foster home). We have not found many previous studies about the relevance of number of children. Chamberlain et al. (2006) found a trend for increased risk of disruption for children with behavioural problems as the number of children in the family foster home increased. Montserrat, Llosada-Gistau, and Fuentes-Peláez (2020) found that placement breakdown was less likely to occur if the foster parents cared for only one child, than if they cared for two or more children.

In Sweden, there are regulations regarding the number of children placed in a family foster home. According to current regulations, since the year 2016, the municipalities have the obligation to report to the Health and Social Care Inspectorate (IVO) if more than three children are placed in a family foster home (Social services ordinance [2001:937] chap. 3, 19a§). However, there is no definite limit about how many children can actually be placed in a family foster home at the same time. There is nothing stated about how many children there may be in total, with the foster carers’ biological children included. The qualitative analysis shows that the foster parents’ own children’s reactions and situations can be a cause of breakdown. It is also known from previous research that the presence of biological children of foster carers increases the likelihood of a breakdown (Oosterman et al. 2007; Rock et al. 2015). This raises questions such as how many children, some with extensive needs, is it possible for foster parents to care for.

The qualitative analysis shows that in other cases, it was not possible to predict the breakdowns, as they were due to stressful events in the foster families’ life situation, which occurred after the child was placed in the family foster home. Though these breakdowns are related to unfortunate circumstances, at the same time, they reveal something about the vulnerable situation of foster children. No family can completely avoid life crisis such as separation, illness, change of workplace, moving or death among relatives. While the biological children can stay in the family, the foster children may be forced to move to another home. This raises questions about how foster parents can be supported to continue caring for their foster children through their own life crisis, to ensure stability for the children in the cases where this would be the best solution for the children.

In some cases, the breakdowns occurred because the foster parents did not have the resources required to meet the child’s needs. These cases could be about children with behavioural challenges or children with extensive needs. In one case, there was a need for round-the-clock supervision, according to the foster parents’ statement. In other cases, there were foster parents who perceived they had not received sufficient information about the foster children’s extensive needs, and therefore they were not properly prepared. In Sweden, there has been a shortage of family foster homes for a long time (Bergman 2011). If the foster parents receive insufficient information and support, there is a risk that they resign and end their engagement as foster carers, which means an even greater lack of family foster homes. It may also be that there is a greater need to discuss the uncertainty of foster children’s development. It is not always possible to know what challenges a child will face in the future or how experiences of maltreatment, trauma or impairment will manifest themselves in a long run (cf. Bask et al. 2017). In order to meet the children’s needs, there needs to be a careful investigation before placement so that the foster parents can make an informed choice. Furthermore, this study indicates that it is important to limit the number of children in family foster homes; however, more research needs to be carried out on the relevance of the number of children in family foster homes for placement stability.

6.1 | Limitations

This study is based on analysis of case files, which means that the research is dependent on the accuracy of included files and that relevant information has been registered by the case managers. The quantitative analysis is based on a limited selection of case files (n = 116). Therefore, there is a need for more studies, especially about the relevance of the number of children in family foster homes for placement stability. In the qualitative analysis, we have found reasons for breakdown related to the family foster home, the child and the birth family. Previous research has also found that factors related to the care system are of relevance. Such factors could not be identified in this study, as investigating these factors would require a different design, such as interviews with foster children, foster parents and/or birth parents.

6.2 | Proposals for Further Research

The results of this study are in line with previous research in the field. However, an interesting result was that successful stable placements were more common in family foster homes with a lower number of children in total in the home. As there are few existing studies about the relevance of number of children in family foster homes for placement stability, this is an important theme for further research. It is also possible that the number of children is not the crucial aspect, but rather the number of children in a family foster home correlates with other characteristics of the home that actually are the source of the placement stability or instability.

6.3 | Implications for Practice

The results of this study indicate that there is a need for more information and support directed to family foster homes in order to improve placement stability; such assistance to foster families can take the form of respite, emotional support and assistance with problem-solving on how to meet the child’s needs (cf. Vanderwill et al. 2021). Another implication is that it is important to include the foster children as well as the children who already live in the family foster home in the matching process, as their participation is of great relevance for the placement stability.

6.4 | Conclusions

Stability is vital for foster children’s development, health and relationships. This study combined quantitative and
qualitative analysis of factors associated with stability and instability for foster children. The quantitative analysis reveals that the number of children in family foster homes, placements in acquainted homes, child’s age at the time of the placement and the child’s behavioural challenges were factors of relevance for stability. The qualitative analysis shows that placement breakdowns could occur due to mismatches between the child’s needs and the available resources of the foster carers and in cases where unexpected changes occurred in the carers’ life situation.

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Conflicts of Interest
The authors declare no conflicts of interest.

Data Availability Statement
Research data are not shared.

References


Variables collected from the case files:

1. Age of the child
2. Gender of the child
3. Child country of birth
4. Biological mother country of birth
5. Biological father country of birth
6. Guardian of the child
7. Year when the case was opened
8. Number of previous child protection investigations
9. Whether placement was suggested previously
10. With whom the child was living
11. Where was the child living
12. Whether child has siblings
13. Whether siblings were placed
14. Whether child was placed together with siblings
15. Year of placement
16. Reason for placement
17. Legal ground for placement
18. Consent from the child
19. Consent from the guardians
20. Whether the re-placement was planned
21. Number of meetings with the child
22. Where the meeting with the child took place
23. Child had opportunity to express opinion about problems
24. Child had opportunity to express opinion about placement
25. Child had opportunity to express opinion about family foster home
26. Family foster home parent(s) civil status
27. Family foster parent(s) country of birth
28. Whether foster parent(s) have biological children
29. Whether biological children live in the family foster home
30. Geographic distance between home and family foster home
31. Family foster parent(s) educational level
32. Family foster parent(s) occupation
33. Whether child is placed with relatives or social network
34. Whether the family foster home was investigated
35. Whether the family foster home was investigated in depth
36. Whether any risk factors were observed
37. Whether children in the family foster home were given opportunity to express their opinion
38. The extent of the investigation (in pages)
39. Has the family foster home participated in family foster home training
40. Main reason for the placement
41. Number of reasons mentioned for the placement
42. Whether the child has a diagnosis (determined, assumed or under investigation)