

The development of children in foster care

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The study concerns the development of foster children. We aim to study why some foster care trajectories are more successful in terms of children's development and breakdown than others.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON40541

Source

ToetsingOnline

Brief title

The development of children in foster care

Condition

- Other condition

Synonym

child development

Health condition

onderzoek naar de ontwikkeling van pleegkinderen (zelfbeeld, schools functioneren, cognitief functioneren, gedragsmatig functioneren)

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit Leiden

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: development, foster care, foster children

Outcome measures

Primary outcome

Internalizing behavioural problems

Externalizing behavioural problems

Self-esteem

School functioning / school grades

Receptive language skills (indication of cognitive ability)

Foster placement breakdown

Differential susceptibility

Secondary outcome

n/a

Study description

Background summary

In the Netherlands, more than 20.000 children at a given moment during a year are experiencing foster care (Van Oijen, 2010). Although foster care has been found a better alternative than residential care (Roy, Rutter, & Pickles, 2000), it places a heavy strain on both foster parents and foster children. Many foster children experience internalizing or externalizing problems and do not improve their problematic behavior during their stay in the foster family (Chamberlain et al., 2006). However, the actual development of foster children need not necessarily be bad, but is likely dependent on several factors associated with the foster child, the (foster) parent(s) and the environment.

Since it is not precisely known which factors influence the development of foster children, clarification of these factors will be the aim of this study. With this resulting knowledge, we can better predict which foster children will develop positively and which foster children need extra help. Furthermore, outcomes of this study will help foster care institutions to find a better match between the foster child and foster parents.

Study objective

The study concerns the development of foster children. We aim to study why some foster care trajectories are more successful in terms of children's development and breakdown than others.

Study design

longitudinal study

Study burden and risks

To study the development of children in foster care, it is our intention to follow children for twelve months throughout their stay with their foster parents. During these twelve months, we will establish one baseline measurement, and two subsequent measurements separated by five or six months. During the baseline and the following two measurements, the same instruments will be administered to assess reciprocal processes as required by the transactional model (Sameroff, 2009). The Home Observation for Measurement of the Environment inventory (HOME) will be administered, as well as the Child Behavior Checklist (CBCL), the *Nijmeegse Ouderlijke Stress Index - Verkort* (NOSI-K) and Alabama Parenting Questionnaire (APQ). Furthermore, children will be asked to complete the *Competentie Belevingsschaal voor Kinderen* (CBSK) and do the Peabody Picture Vocabulary Test (PPVT-III-NL). Teachers will also be contacted and asked to complete the Teacher Report Form (TRF) and provide information about the school functioning of the foster child. Foster parent-child interaction will be videotaped for analyzing State Space Grids (SSGs). The collection of buccal swabs for determining differential educational susceptibility will be collected only once. This information has to be newly collected, because no systematic data collection focusing on similar information has been accomplished earlier and are available for the intended analyses.

This study concerns the development of foster children; however, we have attempted to gather as much of the data on the development of the children from other sources (mostly foster parents and teachers). We will however, film ten minutes of interaction between foster parent and foster child, as it is argued that flexible, adaptive interaction patterns are important to the positive development of children (Granic & Patterson, 2006). Furthermore, we test the child's vocabulary using the PPVT-III-NL (Dunn, Dunn, Williams, Wang, &

Booklets, 1997; Schlichting, 2005), because no standardized and validated instrument exists to indirectly test a child's vocabulary, for instance, by asking another person. Finally, we wish to use buccal swaps to test which variant of the DRD4 repeat allele the child has: this information will be used to test the theory of differential susceptibility (Belsky, Bakermans-Kranenburg, & Van IJzendoorn, 2007; Caspi & Moffitt, 2006), which can only be known by analyzing which variant of the DRD4 repeat allele the child has. The direct involvement and participation of foster children is required for tests of interaction, differential susceptibility and intelligence testing. All tests are safe and negative consequences of their use were not reported, provided available validated protocols were correctly applied.

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Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Children (2-11 years)

Inclusion criteria

- Newly placed in foster care
- Kinship or non-kinship foster care
- Between 6 - 10 years old
- Full time foster care
- Placed under judicial proceeding

Exclusion criteria

- Placed in therapeutic foster care
- Foster children with severe intellectual (IQ < 70) or physical impairments

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-06-2014

Enrollment: 120

Type: Actual

Ethics review

Approved WMO

Date: 24-02-2014

Application type: First submission

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL46859.058.13

Study results

Date completed: 01-03-2015

Actual enrolment: 4

Summary results

Trial ended prematurely