

Foster care outcomes: a review of key research findings

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This article presents a brief review of key findings from studies in foster care carried out over the last 30 or so years. The main aim is to identify commonalities in findings between different studies that could offer some guidance to practitioners about what seems to lead to successful or negative outcomes. Since Prosser updated the bibliography on foster care research in 1978, major shifts in policy, planning and practice have taken place in relation to the care and treatment of children admitted to local authority care. As a result, foster care seems to have become the preferred method of substitute care. These shifts appear to have been influenced by four major developments: the general move away from institutions towards community care and normalisation; studies highlighting the negative impact on children of residential care, particularly long-term; the apparently successful fostering of some very troublesome adolescents with specially selected, contracted and fee-paid carers; and finally the adverse financial climate of the mid-1970s and the assumed escalating costs of residential care. Though often favoured as the next best thing to a child's own family or adoption, foster care, as we shall see, is not problem-free. Knapp's (1983) studies also showed that, for comparable groups of children, the cost differential between foster and residential care is much narrower than is usually believed.

Background

Before addressing the issue of outcomes it is appropriate to be reminded that expectations of foster carers have changed over the years and so have the research questions. In its initial form, fostering was predominantly a form of long-term substitute parenting or de facto adoption with the children neither being expected to keep in touch with their parents nor go back to them. This situation lasted until about 1948 when the new Children Act (1948) introduced the concept of temporary care as a service to parents and children in need. It is assumed that from then onwards temporariness, with return home as the eventual goal, became the basic conceptual approach to fostering arrangements. The expectation of foster carers was to provide experience of 'family life' for children, to sustain and promote their identity and general development and to prepare them for return home. Yet studies were later to show that fostering as a form of substitute parenting (rather than care) continued to prevail irrespective of the child's situation. The main reasons advanced for this were confusion about the objectives of different types of foster care; the failure of social workers to work towards rehabilitation with the natural family; the natural family being unable or unwilling to have the child back; and 'exclusive' forms of fostering practised by a number of carers thus shutting out the family of origin from the child's life.

The third stage in the development of foster care was the introduction, in the mid-1970s, of the concept of 'professional' or 'specialist' fostering with clear treatment expectations now being added.

In spite of the recent decisive policy shift towards foster care, it is surprising how few detailed studies exist about the nature of fostering and of its impact. There are even fewer studies concerning the relative merits of different types of substitute care. Added to this is the fact that the major studies that appeared in Britain before 1985 concentrated almost exclusively on long-term foster care (see Trasler, 1960; Parker, 1966; George, 1970; Napier, 1972; Thorpe, 1974; Triseliotis, 1980; Rowe et al, 1984). A common finding of

these studies was that about half the children in foster care were moved on to a new placement within a period of three to five years with most breakdowns occurring in the first and second years. In view of these high rates of breakdown it is appropriate to ask whether the shift of resources towards foster care from the mid-1970s onward was a justified move or misplaced optimism. The Audit Commission's Survey (1981), though, found no relationship between increased rates of fostering and increasing rates of breakdowns. Whilst acknowledging that breakdowns for all forms of fostering were high, it did not find them unacceptably high.

Some methodological problems

All outcome studies involving human beings, and foster care is no exception, are difficult and complex to carry out, mainly because of the ethical considerations involved. As a result it is difficult to contrast like with like, such as children of similar age, background and circumstances exposed to different forms of care. The best that can be aimed at is approximations by exploiting variations in policies and practices between agencies. For practical and theoretical reasons many studies also fail to establish the children's baselines on entering care to enable comparisons with subsequent in-care experiences in such areas as health, education, well-being or capacity to form relationships. Ideally such information should be entered in every child's file on entering care and up-dated at different stages for purposes of self-monitoring, planning and research.

Because of cost and time factors involved most studies are also limited by being retrospective in nature with only very few being prospective. Similarly, definitions of 'adjustment' or of 'success' and 'failure' or of what constitutes a 'breakdown' can vary between different studies and comparisons therefore should be made with caution. The identification of agreed criteria by which to judge outcomes and the development of suitable measuring tools is still in its early stages. To add to the complexities is the knowledge that between social work and foster carer inputs and outcomes there are many intervening variables which research cannot control.

Most of our understanding about the nature of fostering and what seems to work or not has come from two types of studies. First, from retrospective or prospective studies whose main aim was to establish rates of 'success' and 'failure' and hopefully produce predictive indicators. One method that these studies have adopted to deal with the issue of 'success' and 'failure' is to take the length of time the placement has lasted as the key criterion. For example, in relation to long-term fostering, studies have taken either a three or a five year period as the cut-off point, with all placements ending earlier being described as 'failed' (see Trasler, 1960; Parker, 1966; George, 1970; Napier, 1971 and Berridge and Cleaver, 1987).

Because of the narrowness of a definition that relies solely on time factors, some recent studies have also been asking whether the placement lasted 'as planned', 'for as long as needed' and whether the child has 'benefited' or 'been helped' (see Berridge & Cleaver, 1987; Wilkinson, 1988; Strathclyde, 1988; Rowe et al, 1989). This approach suits particularly short-term and temporary placements. A research project which asks whether the placement has lasted 'as planned' should ideally have asked about the plans and expectations prospectively, that is at the time the placement was made.

Accurately anticipating the outcome of plans or the length of time each placement is meant to last continues to elude practitioners. For example, Berridge & Cleaver (1987) noted that two fifths of the children placed as short-term lasted 'significantly longer than anticipated'. A similar point was made by Millham et al (1986); Wilkinson (1988) and Rowe et al (1989). In the latter

study only half the placements lasted as planned with 26 per cent not lasting as long and 15 per cent lasting longer (no plans for 10 per cent). Youngsters in their mid-teens were the most vulnerable for placements ending prematurely.

Irrespective of how soon or late the placement has ended, some recent studies have also asked whether the placement 'benefited' or 'helped' the child. This is not inappropriate as 'success' of the plan is not always synonymous with benefit to the child and a change of plan or even breakdown in the arrangement is not always harmful. Both the Strathclyde (1988) and Rowe et al (1989) studies asked this question but as answers were based solely on the views of the social worker involved, it raised questions of validity. As a result, Rowe et al (1989) caution that 'great care would be needed in presenting and interpreting some of the findings on outcomes' (p17). This is a timely caution as in their study there was significant discrepancy between the 'outcome' of the plans and the perceived 'helpfulness' to the child.

Other studies have approached the issue of outcomes by using the 'snap-shot' method. That is, assessing the adjustment, well-being etc of the foster child at a particular point in time during the life of the placement (Rowe et al, 1984; Downes, 1988 and Colton, 1988). The assessment of intangibles such as adjustment and personal and social functioning is of course itself problematic. It usually relies on the perceptions and judgments of such people as teachers, carers, and social workers, and sometimes on those of the researchers. A range of tests are sometimes administered to children (see Colton, 1988 and Rowe et al, 1984). Only few studies have interviewed children or adults who are or have been in foster care (see Triseliotis, 1980; Rowe et al, 1984; Berridge & Cleaver, 1987 and Triseliotis & Hill, 1987).

To add to the complexities outlined above, is the recognition that fostering is not a sole entity but an umbrella term for what are essentially different types of fostering arrangements meant to suit apparently different children in diverse circumstances. Even classifying fostering in the simplified categories of short-term, long-term and intermediate does not convey the full variety of types, situations and circumstances under which it is now being practised. In addition, the apparent reluctance of researchers and funders to replicate studies for comparative purposes or follow up earlier samples is compounded by the difficulty of drawing from American studies, as most of them fail to differentiate between family foster care and residential care.

Types of foster care

It is assumed that different types of fostering appeal to differently motivated carers, but this is far from clear. For example, though the breakdown rates between short-term and other forms of fostering differ to the advantage of the first, those between intermediate and long-term foster care are broadly similar. More surprising is the fact that when it comes to factors contributing to success or failure there are many similarities between the three types of fostering. Because of this, the initial intention to present the predictive factors in this article under each category of fostering was abandoned when it was realised that not only some studies were too imprecise for this categorisation but also because of the many commonalities in the findings. This observation could either imply that the motive to care transcends differences in the type of fostering undertaken or that the measurements used are too crude to pick up any operating differences. Overall it is still unclear how motivation influences outcomes. Prosser's (1978) statement that studies 'have provided considerable data on the characteristics of foster parents but in the main these have tended to concentrate on physical and social factors rather than on psychological make-up and motivations for fostering' is still true.

No national figures are available about the percentage of children who

experience different types of foster care by length of time. The Strathclyde study (1988) in a prospective survey over a twelve month period found 38 per cent of children as having been placed short-term, defined as lasting less than five weeks, 34 per cent in intermediate placements, 17 per cent intended to be permanent (mostly adoption) and the remaining 11 per cent placed with relatives. (The last category does not distinguish the placement by length of time.) Similarly Rowe et al's (1989) survey using somewhat different criteria to the Strathclyde one identified about half in 'temporary/emergency' foster care, one third as 'task centred' (intermediate?) and 10 per cent as long-term.

Long-term foster care

Although long-term foster care should ideally have been a minority response, it nevertheless accounts for about a third of the children in foster care at any one time. Watson (1978) once described long-term foster care as a failure in the agency's work and that the eventual aim should be to do away with it altogether. Not surprising, perhaps, that some writers in the late 1970s declared the death of long-term foster care, suggesting that children should either return to their parents or be adopted after a certain period in care. I pointed out earlier (Triseliotis, 1983), and recent studies bear this out, that long-term fostering, for a variety of reasons, would continue to have a firm place in social work planning.

Acknowledging the difficulties referred to earlier in defining success or failure, Trasler (1960) identified 60 per cent of the placements in his study as successful, having lasted three years. He based his research on the records of one Children's Department tracing the career and experiences of 138 children who were fostered. Over the three year period 57 placements broke down whilst 81 remained intact. Three quarters of the breakdowns occurred during the first two years. Parker (1966) also relied on a study of the records of a single Children's Department in his search for predictive factors, and his predictive table is widely referred to. However, only some of his predictive outcome criteria have been confirmed by other studies. Of the 209 children featuring in his study, almost half (48 per cent) of the placements broke down over a five year period. Another major predictive study was that of George (1970) who collected information on children in three Children's Departments. He defined 40 per cent of placements which lasted for five years as successful.

The above studies broadly agreed that between 40 and 60 per cent of the children in long-term foster care will be moved on over a five year period. A study in south Devon social services area (1981) confirmed similar breakdown rates. The only favourable study with breakdowns as low as 5.3 per cent was in Avon in 1982. Berridge and Cleaver's (1987) more recent study found a breakdown rate of 38 per cent over five years (excluding placements with relatives) but there were wide discrepancies between the agencies featuring in the study. For example, County authority had a breakdown rate of almost half over five years compared to only 20 per cent found in the London borough. The researchers' qualified explanation for the better performance of the London borough was the latter's development of 'a more specialist, centralised service and their more open or inclusive approach towards fostering'. Rowe et al's (1989) survey noted the large number of adolescents being placed in long-term foster care. During a period of 13 to 23 months 27 per cent of the placements had suffered a premature and unsatisfactory ending, which is broadly within the findings of other studies. In the Berridge & Cleaver (1987) study 17 per cent of the long-term placements had broken down within twelve months. Unlike the Berridge & Cleaver (1987) study, Rowe et al found considerable uniformity in the breakdown rates of the six authorities featuring in the study. Though the rate of breakdowns does not seem to have improved significantly over the years, Rowe et al (1989) rightly point out that now much older and possibly more difficult children are fostered and most breakdowns were amongst this group. Perhaps, as they suggest,

we should reverse the presentation of findings and start by pointing out how many placements remain stable during, for example, the first two years, ie about 75 per cent.

As most of the breakdowns in long-term foster care happen in the early years, long-term foster care which lasts over five years should ideally be one of the most stable and successful forms of substitute care. So another way to approach the issue of outcomes is to ask how well settled, adjusted or satisfied are the children and young people who remain in their placement. In Thorpe's (1974) study almost two-fifths of the children in long-term foster care scored a seriously disturbed rating on the Rutter behaviour questionnaire. (This compared with 23 per cent of children in the general population, found when the scale was administered in the London Borough of Camberwell.) Rowe et al (1984) rated as disturbed three out of ten children who had been in foster care for three or more years, but found no significant relationships between disturbance and characteristics of children or foster carers. Similarly, no significant association was found between disturbance and pre. placement experiences, or age at placement, or family contact. Neither was being placed with a sibling a protection against disturbance. However, the study found that to a very, definite, but not statistically significant degree the disturbed children were more confused about their status than were those who were better adjusted (p87).

Triseliotis' (1980, 1983) retrospective study of individuals who grew up in long-term foster care found that almost seven out of ten had a good or very good experience and almost all were absorbed within their foster families. The experiences of about one in every five could be described as unsatisfactory. When the findings were contrasted with those who grew up adopted or who grew up in residential establishments, the foster care group did significantly better than the residential one but not as well as the adopted group. Zimmerman (1982) who contrasted a group of children who stopped in long-term foster care with some who were returned to their families, found that the former were performing significantly better on a range of indices. Triseliotis (1983), whilst observing that the majority of the former foster children had found a degree of permanence and become integrated with their foster families, nevertheless also found an element of ambiguity, uncertainty and insecurity among them, not found with adopted people. This was later confirmed by Triseliotis and Hill (1987) when studying the transition of a group of children from long-term foster care to adoption. The writers found that most of those fostered were remarkably aware of the differences between fostering and adoption, particularly about the amount of security that goes with the latter. These children continued to identify long-term fostering with the possibility of being moved. What was lacking, in their view, from long-term fostering was the official sanctioning of the arrangement through some legal process which conveyed permanency and a feeling of mutual entitlement between them 'and their foster carers. Caught between foster carers, the majority of whom wished to offer them security and continuity of care, and the possibility of being removed, the foster children were left in an ambiguous position which seemed to affect their sense of belonging and security. This did not mean that they did not also derive considerable satisfaction from the placement. Most of them, in fact, had come to look upon their foster carers as their parents.

Rowe et al (1984), commenting on the subject, add that 'many long-term foster children would be better off if they were adopted by their foster parents, not because being fostered is so bad but because it is not quite 'good enough' (p226). (It is worth noting that about 80 per cent of adoption allowances during the first two years of the introduction of the schemes went to foster carers adopting their foster children (Hill, Lambert & Triseliotis, 19891) Custodianship, which can be reversed, cannot respond to the need of many such children for full security and continuity of care. Yet, more recently, some judges have encouraged long-term fostering within a custodianship order in

situations where a parent could not make a home for a child but wanted to maintain links (see, for example, Lord Justice Ormrod's decision in re M (a minor) 1985). More appropriate, in my view, would have been adoption with contact, rather than depriving the child of the full security that goes with it (see Triseliotis, 1985).

Though many children find themselves in long-term foster care because of drift in planning, others are the result of more planned efforts. As Rowe et al (1989) have found from their recent study, more adolescents than younger children now go into long-term fostering, possibly because they don't want adoption. More long-term placements are also likely to be made with relatives from the start. In some other cases a placement can become long-term to avoid disrupting a child's continuity of care if it cannot return to its own family. Rowe et al (1989) reinforce the view that long-term foster care is not a thing of the past and conclude 'whereas previously it was predominantly a service for young children, the majority of new long-term foster placements now involve teenagers' (p223). In spite of its imperfections, long-term fostering still provides a 'good enough' family base for many children who have no-one else to turn to.

Short-term fostering

Short-term fostering is distinguished from other types by the expectation that it will last up to about eight weeks or a maximum of twelve. It has been used in the past for pre-adoption placements to give the natural mother more time to think things over; when a parent was hospitalised for one or more short periods; as a response to a crisis; and sometimes as a form of respite care. More recently short-term foster care has also been used for older children, mainly adolescents, to give parents and children a break. Though this type of fostering affects well over two-fifths of children placed in foster care each year, it is one of the least researched types of fostering. Millham et al (1986), for example, found that one child in every three entering care was first placed in a short-term foster home and seven out of ten of these were restored to their families within a few weeks. It is assumed that because of the short-term nature of these placements, it is possible that selection, preparation and post-placement support may not be given adequate attention. Yet studies of respite care for children with learning difficulties suggest the importance of these processes (Stalker, 1988).

Berridge & Cleaver (1987) provided us with the only detailed study of short-term fostering. The study, besides examining intermediate and long-term fostering, also surveyed the records on 156 planned short-term fostering placements and found that only a relatively small number (10 per Cent) of them broke down within the eight week period. This breakdown rate is broadly similar to the overall 13 percent found by Rowe et al (1989) for placements lasting under eight weeks, with the researchers observing that the breakdown rate for adolescents was higher (18 per cent). Rowe et al combined temporary and emergency care in their survey, because most of the latter type were for temporary care or 'roof over head'. In fact, 72 per cent of all admission placements to foster homes were said to be 'of an emergency nature'. Berridge & Cleaver (1987) point out that intended short-term placements often lasted longer than envisaged, which was 'a breakdown' in a sense, in the social work efforts if not negative to the child. The researchers also observed that short-term foster care was more likely to succeed when it was used as a first placement on admission to care than when a child was transferred from elsewhere, particularly where the previous placement was residential.

In view of the proposed introduction of respite care as a preventive service to families and children in need, we need to increase our understanding of the impact on children of repeated short admissions. Research on children's experiences in hospitals suggests that 1 while children may quickly recover from

one short admission, those who require repeated admissions tend, in spite of continuities of support, to be damaged emotionally by their experiences (Stacey et al, 1970). Much may depend on whether the same children can be guaranteed continuity of carers.

Intermediate fostering

Like short-stay, intermediate fostering has as its main objective the return of the child to its family of origin, and only less frequently is it seen as a preparation for adoption. Intermediate fostering is usually meant to last anything from between three and 36 months with the medium being around 18 to 24 months. The appeal of the two to three year period is largely based on the knowledge of how few children return to their birth families after this period is over.

There are two strands to intermediate fostering: first, mainstream or 'traditional' type fostering which has mainly been practised from 1948 onwards and second, specialist or professional fostering which emerged in the mid-1970s. Mainstream intermediate fostering is largely based on the idea of selecting foster carers who will care for mainly unproblematic or mildly problematic children for an allowance to cover expenses until the child returns home.

The sharp end of professional fostering is for the most difficult children, particularly adolescents and teenagers, who may be highly disturbed. Foster or community carers are recruited to do a job with a fee attached rather than simply receiving an allowance (see Hazel, 1981). Distinguishing between these two types of intermediate fostering is not usually easy because of the varying definitions implicitly adopted. For example, the fact that a contract has been agreed does not make a placement 'specialist' nor the fact that a fee is paid to the carers. Specialist fostering implies a total package as set out by Shaw & Hipgrave (1983). Rowe et al (1989) use the term 'task centred' they cover both mainstream and specialist fostering, though in their analysis they distinguish between the two. On the other hand Berridge & Cleaver (1987) were unable to distinguish between the two because of the overlaps. The former researchers expressed surprise that specialist family placement schemes for adolescents featured in only two of the six authorities in their recent study. They later add that for all teenagers in care only three per cent were in specialist placements.

Because the recruitment, training and preparation of specialist foster carers is based upon different assumptions than those for mainstream foster carers, and because they are asked to perform a somewhat different task, it would have been appropriate to examine their outcomes separately. For example, Shaw & Hipgrave (1983) claim that three quarters of their respondents considered the success of their specialist schemes as 'high' or 'very high'. Yet hard data to support these claims are not available outside Yelloly's study (1979) which established that three quarters of the Kent project placements accomplished their objectives. Berridge & Cleaver (1987), though failing to distinguish between mainstream and specialist fostering, quote a breakdown rate of 21 per cent at the end of a year which compares less well with long-term placements over the same period. The researchers go on to add that 'there was no indication overall of a greater level of success' (p131).

Rowe et al (1989), who were able to separate specialist fostering from other forms, quote what they consider to be equally disappointing findings. The two authorities in their sample which run specialist fostering schemes placed 186 adolescents over a two year period and social workers rated only 29 per cent as having lasted as long as planned. Most of these were premature endings with 25 per cent of children moving into a residential establishment. Nevertheless social workers said that in half the placements the aims were either fully

achieved or achieved in some respect, but in answer to another question they rated almost three quarters of the placements as having been 'very helpful' or 'fairly helpful' to the child. One explanation offered for placements not lasting as planned was that increasingly more difficult children are being placed in specialist schemes.

Two other recent smaller scale studies took the snap-shot approach. Downes (1988) used ideas from systems and attachment theory to study 23 adolescents in placement and concluded that 'adolescents were helped to accomplish normal psychosocial tasks when families (foster) were sufficiently flexible to allow the adolescents to find their own place within them. Families also needed to be able to stay in touch with adolescents' goals even when they disagreed with them' (Downes, 1988). Colton (1988) contrasted 26 adolescents living in 12 specialist foster homes with a number living in four children's homes and concluded, following the administration of a series of tests, that the foster homes were significantly more 'child orientated' than children's homes, but he was unable to detect any discernible effect on child outcomes. In spite of the researcher's support for an expansion of specialist fostering, the results suggested that residential homes did better than perhaps expected. Final judgment on specialist fostering has to be suspended until we have an in-depth study based on a number of schemes.

It was to be expected that the emergence of professional fostering during the last ten or so years would 'contaminate' the way other types of fostering were arranged, eg by borrowing individual ideas such as time limits or contracts. However, the Cautley (1980), Strathclyde (1988) and Wilkinson (1988) studies have most of the characteristics usually associated with mainstream intermediate foster care. The Strathclyde one is probably the only sizeable study of mainstream fostering available. The researchers claim a breakdown rate of between 15 and 25 per cent in the first two years. Cautley (1980) found that at the end of the first year almost 20 per cent of the children had to be removed at the request of the foster carers (no mention is made of children being removed at their own request or by the agency). Berridge & Cleaver (1987) noted that an average of 20 per cent of the placements broke down within the same period but with a significantly higher rate of breakdowns in the county authority compared to the London borough and the voluntary agency featuring in the study. There appears therefore to be some consistency in the breakdown rates found by these different studies.

Mainstream fostering

More remarkably, Berridge & Cleaver (1987) found a very low breakdown rate for black children placed with black families (ten per cent), a higher rate for mixed-parentage children placed with white parents (19 per cent) and a still higher rate of breakdown of white children placed with white families (27 per cent).

Predictive factors

Because of variations in human personality, human reactions and behaviour are difficult to predict. Unlike the natural sciences, the social sciences cannot be explained by natural laws based on firm empirical methods. People's customs, beliefs and emotions cannot be studied and predicted in the same way as solid physical objects. Furthermore, people have a free will and the possibility of some choice in their lives. Nevertheless, and in spite of these constraints, enough is known about the contribution of certain factors to positive or negative outcomes that their neglect could prove damaging to children. The fact that certain factors have been found to contribute to successful or negative outcomes does not mean of course that they are absolute. Even an 80 per cent probability still allows for a 20 per cent margin for the outcome to go the

other way. On the other hand knowing beforehand that the presence of a condition or characteristic carries a high breakdown risk alerts the practitioner who can provide additional supportive resources to safeguard the placement.

It is, perhaps, not surprising that there are few predictive factors that are supported by more than two studies. Furthermore., the introduction of specialist fostering with its claims of being successful where other forms of fostering previously failed has, in common language, 'thrown a spanner in the works' as far as predictive factors are concerned.

As pointed out earlier, the intention to present predictive factors of 'success' and 'failure' by type of fostering had to be abandoned when it was realised that there were too many similarities and overlaps. In other words, with very few exceptions similar factors seem to operate with all types of fostering outcome.

Child-related factors

* Success in all types of fostering is more likely when the child is not very disturbed. The more difficult or disturbed the child the higher the likelihood of breakdown. Behaviour problems are responsible for most breakdowns. (Trasler, 1960; Parker, 1966; George, 1970; Berridge & Cleaver, 1987; Strathclyde study, 1988; Rowe et al, 1989.) Even very young children displaying such behaviour as temper tantrums, extreme swings in mood, attention seeking behaviour and other signs of emotional disturbance in short-term foster care have a higher breakdown rate than the rest (Berridge & Cleaver, 1987; Rowe et al, 1989). The relationship between increased disturbance and breakdown holds true also for specialist fostering. However, some caution is required here because specialist fostering is meant for some very difficult children and so we may be speaking about degrees of difficulty. Neighbours' actual or assumed negative reaction to the behaviour of foster children, especially of adolescents, is an added factor which can contribute to the termination of a placement.

* The likelihood of breakdown increases with increased age, with teenagers being the most vulnerable (Trasler, 1960; Parker, 1966; George, 1970; Strathclyde study, 1988; Wilkinson, 1988; Rowe et al, 1989). Berridge & Cleaver (1987) also confirmed the general trend between increasing age and a greater likelihood of breakdown, although the differences were not as great as found in other studies. Indeed the six to 11 age group was also found to be highly vulnerable to placement discontinuity. Higher breakdowns are to be expected when older age and disturbance go together. Even if less than half of these placements are successful, the challenge is how to identify, beforehand, those children who can benefit from family placement.

* The child's understanding of the circumstances of his or her in-care situation, fostering placement, origins and genealogical circumstances and background contribute to placement stability and to a sense of well-being in the child (Weinstein, 1960; Kadushin, 1967; Thorpe, 1974; Aldgate, 1977; Fanshel & Shinn, 1978; Triseliotis, 1980; Berridge & Cleaver, 1987). Rowe et al (1984) also add that the disturbed children in their studies were more confused about their status than were those who were better adjusted (p87).

* The majority view among researchers is that children who experience consistent parental contact are more stable and settled in their foster care placements (Weinstein, 1960; Thorpe, 1974; Berridge & Cleaver, 1987). Berridge & Cleaver, when referring to both short term and intermediate fostering, claimed that placements in which there was no contact between child and parents were much more likely to prove unsuccessful. In the case of short-term placements the likelihood of disruption was three times greater. On the other hand, erratic visits or the appearance of parental figures after a long absence or a reduction in contact may unsettle and upset the child.

* A mixed picture emerges with regard to children placed with siblings, with most studies suggesting that such placements lead to few disruptions or that the children are better adjusted (Trasler, 1960; Triseliotis, 1980; Berridge & Cleaver, 1987; Hill et al, 1989). Other studies, though, have found that the outcome of placements was not affected by the presence of siblings and in fact George (1970) and Napier (1972) found that foster children not placed with siblings were more successful. In addition, Rowe et al (1984) comment that the foster child's adjustment was unrelated to the presence or absence of siblings. The answer to this mixed picture may lie in the kind of relationships the children had before separation. It seems safer to start with the principle of keeping siblings together unless there are compelling reasons not to.

* Good pre-placement preparation contributes to placement stability (Cautley, 1980; Berridge & Cleaver, 1987). Similar conclusions have been reached by a number of recent adoption studies. Yet Rowe et al (1984) noted that many placements were arranged without adequate preparation.

* Provided the quality of care is good, a short period in residential care does not seem to reduce the chances of successful foster placement (Parker, 1966; George, 1970; Berridge & Cleaver, 1987). Prolonged institutional care, though, is associated with breakdown (Trasler, 1960; Parker, 1966; George, 1970).

Foster placement related factors

* Success is more likely when the foster carers are childless or have no children of their own of the same sex and age or younger than the foster child. (Trasler, 1960; Parker, 1966; George, 1970; Berridge & Cleaver, 1987; Strathclyde study, 1988) Breakdown seems more likely when the behaviour of the foster child threatens the well-being of the foster carers' children, even of older ones. Obviously the more secure the foster carers children are and the more tolerant the household is, the less likely the disruption. The fact, though, remains that if eventually there is no improvement most foster carers put the needs of their children first.

* If foster carers do not perceive the child as having serious problems or, in the case of specialist foster carers, are able to respond to such problems, placements are more likely to succeed. Wilkinson (1988) found that foster carers became increasingly disillusioned if no progress was made within 12 months of the placement having been made (see also Cautley, 1980; Strathclyde study, 1988). This may also account for the fact that most placement breakdowns happen at around 15 to 18 months. The most frequently referred to difficulty by foster carers is uncertainty about how to handle problematic behaviour.

Based on unpublished material provided by foster carers to the writer, foster carers seem to find it helpful when social workers listen to the difficulties, show understanding and make suggestions; when they are provided with information about the child and its background; when they are introduced to problem-solving techniques, including behavioural methods, and when they are instructed on how to deal with children's previous losses, rejections and distress. This process of empowerment enables carers to feel in control and to deal with difficult situations.

* If the foster 'mother' is aged 40 or over at placement (Trasler, 1960, Ckern, 19M Napier, 1972; Triseliotis, 1980; Cautley, 1980) success also seems more likely. Caution is again required when referring to the age of the foster carers because of the wider age recruitment introduced by specialist fostering.

* Where foster carers are inclusive of the family of origin there is also evidence of success (Weinstein, 1960; Thorpe, 1974; Triseliotis, 1980; Berridge

& Cleaver, 1987). Yet Rowe et al (1984) observed that most long-term foster care remains essentially traditional and 'exclusive' and the social workers' as well as the natural family's involvement remains problematic. Most conflicts about parental contact and visits usually arise over what are meant to be intermediate type placements. According to Rowe et al (1984) social workers took a passive role towards visiting, whilst foster carers generally expected visits but were glad when they did not happen. Wilkinson (1988) also observed that as the placement period grew 'foster parents tended to be openly critical and often hostile to the child's family' (p236).

* Foster placements with relatives are generally more successful than the rest (Rowe et al, 1984; Millham et al, 1986; Berridge & Cleaver, 1987). Rowe et al's (1989) latest study though was not so optimistic, possibly because the results, as they suggest, were depressed through the presence of more long-term placements with relatives compared to others.

* When the foster carers are trained, prepared and supported following placement success is more likely (Cautley, 1980; Berridge & Cleaver, 1987; Strathclyde study, 1988). (Similar observations have again been made by recent studies focussing on the adoption of children with special needs.) Yet Rowe et al (1984) and Wilkinson (1988) found that many placements in their respective studies were still arranged without adequate preparation and/or post-placement support. Aldgate and Hawley (1986), too, remarked that 'families had been left to struggle on alone until they reached a point of sheer desperation'. Not surprising, perhaps, that families then asked for the children to be removed.

* If foster carers are experienced successful placements are more likely. (Berridge & Cleaver, 1987; Rowe et al, 1989). Because of this, writers stress the importance of nurturing existing foster carers. The Strathclyde study (1988) on intermediate fostering claimed that the most experienced foster mothers had the most disruptions possibly because they were left with least support and had reached the burn-out stage.

Birth parent related factors

* There is considerable agreement among a number of studies that consistent parental visiting to children either in residential or foster care results in the quicker return of the child home (Jenkins & Norman, 1973; Aldgate, 1977; Millham et al, 1986). The evidence also suggests that as length of placement increases parents tend to visit less and less. Rowe et al (1984) confirmed that the younger the child at admission the less sustained was the visiting. This was especially true of children admitted when less than six months old. With children aged five or more at admission to care, 'parental interest may well remain high even if visiting ceases'. Overall though, only 21 per cent of the children had 'even casual contact with a parent in the previous year'.

* The factors that impede or encourage parental visiting to children in foster care appear to be connected with the parents' belief in their own importance to their children's lives; the social worker's encouragement, or lack of it; the attitude of the foster family to visiting; and the circumstances of the natural family. Aldgate's (1977) study of 244 Scottish families with children in voluntary care showed that there was significantly greater contact between parents and children in residential care than between parents and children in foster care. The interviews conducted with the parents suggested very strongly that foster homes presented more difficulties for them to visit than children's homes, a point confirmed also by Colton (1988).

* Reference has already been made to Wilkinson's (1988) small-scale, but in-depth, study which showed that with the passage of time foster carers tended to become increasingly critical of and hostile to the child's family. Both

Wilkinson and Berridge & Cleaver (1987) found less antagonism towards birth parents by specialist foster carers compared to traditional ones. The Strathclyde study (1988) reported that when foster families were asked about their likes and dislikes about fostering, 'dislike of contact with natural parents was frequently mentioned' (p2). Millham et al (1986) also noted that with increasing time, the involvement with the birth family became less and less. This may be acceptable in long-term fostering where the children are well settled and there is no likelihood of them returning home, but not in those situations where rehabilitation is still a possibility.

* The studies seem to suggest that there is a gap between hectic activity at the start of the placement becoming increasingly episodic or reactive until it ceases in most long-term cases. Our study in freeing children for adoption (Lambert, Buist, Triseliotis & Hill, 1989) suggests that the scrutiny exercised by courts when considering freeing applications has contributed to increased social work efforts in rehabilitative work.

Agency related factors

From what has been said so far, it may rightly be concluded that there are few certainties as to who can successfully foster and who can be fostered successfully. The accurate assessment also of children is elusive and reliable criteria for selecting foster carers are not available. Matching children and carers is far from accurate and it is possibly one of the most vital missing links in achieving more successful placements. The preparation, training and post-placement support of carers and children which can contribute to placement stability are well within an agency's control to provide.

Whether foster care services are organised and delivered by specialist or generic teams or by separate units within social service departments does not appear to influence breakdown rates. For example, Berridge & Cleaver (1987) observed that the more 'specialist approach towards fostering favoured by the one agency (in their sample) was not a significant explanatory factor' (p175) for the differences in outcome they found between the two authorities featuring in their study. Rowe et al (1989) also noted that the organisation of the foster care services were not significant factors in outcome. They purposely set out to compare and contrast the outcomes of authorities with different ways of organising their foster care services, eg specialist unit, specialist workers, generic workers but with no identifiable differences. This may disguise, of course, the possibility that child care work within generic teams may be routinely delegated or selected by the same social workers without being called 'specialists' (see article p22).

Summary and conclusion

This paper provides a summary of the key findings from outcome studies in foster care which have been carried out over the last 30 or so years. The rate of foster care breakdowns seems to have changed little over the years. What, though, may have changed is the increasingly more difficult child being fostered now, as compared with the past. The factors which appear to contribute to negative or successful outcomes could be summarised as follows:

Child related: negative factors

- Child very disturbed.
- Long periods in residential care.
- Placed in adolescence with serious behaviour problems.
- Ignorance about origins, 'in care' situation etc.
- Lack of preparation. Rivalry between fostered child and family's child(ren).

Foster home related. positive factors

- The foster carers are inclusive of the natural family.
- Willingness to work with social workers.
- No children of the same sex and age or younger than the foster child in foster carers' family.
- Have been trained, prepared and are supported on an on-going basis.
- Have clarity of role and expectations.

Birth parent related factors

- Consistent visiting unless strong indications to the contrary. (Parents may need help on how to handle visits.)
- Belief that they are important to their children's lives.

Social work related. positive factors

- Preparation and support of children.
- Preparation/training and post-placement support of foster carers.
- Involvement of birth family in arrangements plus continued involvement.
- Contractual approach to their work clarifying expectations and roles.
- The maintenance of children's networks.
- Frequent visits to foster carers and birth parents especially in early stages.

The late Mia Kellmer-Pringle put it succinctly when she wrote in 1974: 'Granted that more needs to be found out about how best to promote children's all round development, surely enough is known already to take action. If even half of what we now know were accepted with feeling and applied with understanding by all who have the care of children, then the revolution brought about in children's physical health in the past forty years might well be matched by a similar change in their psychological well-being.'

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