

Annotation: Outcomes in Long-term Foster Family Care

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Introduction

Fifty years ago the Children Act (1948) created the modern child care service in England and Wales. Then, as now, the preferred form of state-provided care for children was foster, rather than residential, care. However, the nature of foster family care has changed considerably over the past 50 years and, in some respects, so have the children fostered. Then the predominant form of foster care was long-term care, in keeping with the prevailing ideology of “rescuing” children from intolerable home conditions. Now, by contrast, foster care is a much more diverse service, and the commonest form is short-term care, which is generally understood as care intended to last less than roughly 3 months. This is in keeping with a strong ideology in both the U.S.A. and the U.K. that foster care is not parenting, and that almost all children are best off with their biological parents.

Relatively new forms of foster care include “specialist” foster care, introduced into Britain by Hazel (1981). Its development has been studied by Shaw and Hipgrave (1983, 1988), and outcomes assessed by Hill, Nutter, Hudson, and Galaway (1993), Rowe, Hundleby, and Garnett (1989), P. M. Smith (1986), and Yelloly (1979). Specialist foster care is probably not best defined in terms of length, but according to the difficulty of the task, and the fact that specialist foster carers are paid higher rates of allowance. Although there is no reason why placements should not be both specialist and long-term, especially when extremely difficult children are placed, when initially introduced, specialist foster care was seen as fulfilling specific purposes such as rehabilitating “difficult” children home, or preparing them for long-term placements. It was not usually regarded as being indefinite in length, unlike most forms of long-term care, which are planned to last until the child reaches the age of majority—and hopefully beyond that. The aim of permanent, long-term placement is “a family for life”. The second, relatively new form of foster care is that of respite care, in which the burden of caring for a child with disabilities or difficult behaviour is eased by regular and

very short-term placements with another family. Long-term foster carers may also sometimes avail themselves of this facility.

Goldstein, Freud, and Solnit (1973) claimed that long-term foster care was necessarily a seriously inadequate form of care. Nevertheless, large-scale studies such as those by Rowe et al. (1989) of over 6000 placements (of all kinds) in the U.K., and by Fein, Maluccio, and Kluger (1990) of the total number of foster care placements in Connecticut, U.S.A. ($N = 779$), have confirmed that long-term foster care remains a persistent and important form of substitute care.

This annotation focuses on outcomes for long-term foster care in the U.K., U.S.A., Canada, and France. It has benefited from a number of previous reviews: e.g. of foster care outcomes by Prosser (1978) and Triseliotis (1989), the overview of all state-provided care in the U.K., including residential care, undertaken by Wolkind and Rushton (1994), and of foster care in general by Berridge (1997). Berridge's review examines all aspects of foster care, but does not focus specifically on outcomes. However, it strongly implies throughout that outcomes are dependent on the context and supports for foster care practice. In particular, Berridge points out that there has been a shortage of foster carers in the U.K. for some time. A shortage of foster carers reduces the possibilities for matching between foster family and foster child. It also increases the dangers of “stretching”, that is, persuading foster carers to accept children outside the categories they have committed themselves to take. Barth and Berry (1988), in a study of the adoption of older children, found there was a tendency for stretching to be associated with placement disruption. The chances of disruption became even greater if social workers also failed to provide adequate information about the child to be placed. There seems no reason why the same should not apply to foster care.

The Context for Foster Care

Outcomes for children in foster care cannot adequately be assessed either individually or in general without reference to the context of services within which foster families work, the nature of the children involved, and the support and training foster carers receive. Fostering is a dynamic, not a static, entity. There have been at least six major trends affecting foster care since Prosser's 1978 review. These are (1) a major decrease (by about half) in

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the total number of children being looked after by the state, although the number of children fostered has remained about the same (Bebbington & Miles, 1990); (2) an increase of teenagers living in foster care, especially long-term foster care; (3) a drastic reduction in residential care (Office of National Statistics, 1998); (4) an emphasis on short-term care, and (5) paradoxically at the same time a concern about permanency, and taking early decisions that are likely to provide a child with a family for life; and (6) a vast growth of specialist family placement teams within social services departments, with the specific tasks of selecting, training, and supporting foster carers. Of these trends, only the last two are likely to make the enormously difficult tasks of long-term fostering any easier. Trends (2) and (3) are likely to make them even more difficult.

Bebbington and Miles (1989) found that the proportion of under-5s admitted either to residential or foster care in 1962 was 56% of all admissions, and the proportion of over-14s was 3%. By 1987 the proportion of under-5s had diminished to 30%, whereas the proportion of over-14s had risen to 25%. Moreover, the vast majority of admissions for younger children were short-term. In contrast, the study by Rowe et al. (1989) of over 6000 children in care indicated that, of those who had been in care prior to the study, and who remained there 2 years later, 78% had been over the age of 11 years at the start; and hardly any of these, with the exception of those "home on trial" were expected to return home. This suggests that adolescents form a high proportion of long stayers in care. When these facts are combined with the rapid decline in residential care, which catered for 28% of children in care in England and Wales in 1981, but only 9% in 1995 (Office of National Statistics, 1998), it is clear that many adolescents now in long-term care must be in foster care. However, the pool of potential foster carers is not only finite (Bebbington & Miles, 1990), but is probably diminishing. Triseliotis and colleagues (Triseliotis, Borland, & Hill, 1998), in a study of foster carers in 17 Scottish agencies, found that there was an annual loss rate of 9%, and that two thirds of this was accounted for by what the carers saw as deficiencies in the agency's services to foster families.

In the 1970s and 1980s child care practice in the U.S.A. and the U.K. was strongly influenced by two overlapping trends: (1) a fear of "drift" of children into unplanned long-term care (Fisher, Marsh, Phillips, & Sainsbury, 1986; Maas & Engler, 1959; Milham, Bullock, Hosie, & Haak, 1986; Rowe & Lambert, 1973); and (2) by research indicating that most admissions into state accommodation were short-term, with the median length of stay being about 12 weeks (Milham et al., 1986; Rowe et al., 1989; D. Thorpe, 1988). It was often claimed that with increased efforts by social workers, the proportion of short-term admissions could be still further increased (Fisher et al., 1986; Milham et al., 1986).

In their survey of placements in England and Wales, Rowe et al. (1989) suggest that the problem of drift had been largely overcome. However, the policy of short-term care appears to have encouraged two unwelcome trends. First, there is "oscillation", in which children repeatedly move in and out of care. Bullock and colleagues (Bullock, Little, & Millham, 1993) have estimated the number of

new cases of such children to be about 1700 a year in England and Wales. Second, there is an increase in the average age of children in accommodation and care, particularly for young people in long-term care, many of whom have been in care before, and the vast majority of whom have been known to social services departments for many years (Rowe et al., 1989). Prevention of admission can become postponement of admission (M. A. Jones, 1985); and the older the child on placement, and the more severe the behaviour problems, the greater the likelihood of placement instability, with all that this implies.

The Support of Foster Carers

The quality of foster care will clearly be related to the selection, training, and support of foster carers, most of whom remain volunteers, paid only an allowance for the cost of caring for children. A recent postal survey by Triseliotis (1998) has clarified what foster carers expect by way of "support". Their expectations are not at all unreasonable. The surprise is that some of them need to be stated at all. They expect to be paid on time, to have regular contact with social workers and to be able to discuss child management with them, and to meet with the foster children. They expect to have a specialist standby service, opportunities for respite, and support through false allegations. It was implied that foster carers could not always rely on the support to which they felt entitled, and there is strong evidence that if allegations of abuse (which are often false) are made, many receive no support at all (Nixon & Verity, 1996; Verity & Nixon, 1995). This is not to deny that abuse occurs in foster care. However, in a large-scale study in Baltimore, U.S.A., Benedict and her colleagues (Benedict, Zuravin, Brandt, & Abbey, 1994) found that the rate of confirmed physical abuse among foster carers was much less than in the general population. On the other hand, the rate of confirmed sexual abuse was higher, although the perpetrators were not usually the foster carers. This last finding (that the abusers were often older family members rather than the foster carers) is also confirmed by Rosenthal, Motz, Edmondson, and Groze (1991). Foster carers appear to need very specific help and training in coping themselves, and helping their families cope, with the frequently sexualised behaviour of previously abused children and adolescents entering care.

Assessing Outcomes

There appear to be at least two major reasons for assessing outcomes:

- (1) to try to discover whether the needs of each individual foster child are being met;
- (2) to try to establish in general whether foster care fulfils its varied purposes.

In long-term care there are expectations that the carers will be foster *parents*, and that they will provide a superior quality of parenting to that experienced by the foster children in their own homes. In addition there are expectations of remediation in the children: that they will begin to catch up developmentally and educationally,

and return to normality in their emotions and conduct. In specialist foster care the aims have often been to modify behaviour, either with a view to returning a child to its family, or to prepare a child for permanent placement elsewhere. This has often involved attempts to modify attachment disorder and, indeed, "therapy" in some sense is either the main, or a subsidiary aim, in most medium- and long-term foster care.

Until fairly recently, the second set of reasons for assessing outcomes took precedence over the first. However, a working party chaired by Professor Roy Parker, (Parker, Ward, Jackson, Aldgate, & Wedge, 1991), argued that monitoring the welfare of children should be a very high priority for Social Services Departments, and that assessments should lead to quick and appropriate action on their behalf, particularly in relation to such needs as health, education, and emotional and behavioural development. Other issues that the committee felt should be monitored were family and peer relationships, self-care and competence, and identity and social presentation. The mechanism for this monitoring was to be the statutory 6-month review, assisted by elaborate documentation. Critics note that the form-filling involved is extremely time-consuming, and that on many dimensions the assessors use rating scales, and not standardised instruments (Huxley, 1994). Quinton (1996), while agreeing that in an ideal world standardised measures would be used, argued that, in the circumstances, the "Looking After Children Schedules" were the best available compromise, since the aims of the project were less to do with traditional research and more concerned with meeting the basic needs of children and providing better documentation of their progress.

Methods of Assessment

Research in this area has become steadily more sophisticated, both with respect to the selection of representative samples and appropriate comparison groups, and to the measures and statistical analysis employed. However, this does not mean that recent studies are always of a higher standard than past studies, nor that studies undertaken 20 or 30 years ago, or even before that, are irrelevant, particularly when their findings have been confirmed by subsequent work.

Researchers and practitioners have tended to use a mixture of service (or systems) criteria, such as placement breakdown or return to the family, together with developmental criteria, such as psychometric tests, standardised measures of behaviour and emotions, and measures of academic progress. There has also been considerable use of the impressions and satisfaction ratings of foster carers, birth parents, and foster children, with interviews of the children either as children, or as grown-ups. Measurements can be cross-sectional or longitudinal. Outcomes can be based on measures of either progress or success. Measurements of progress imply the need for longitudinal research but this, although more powerful, is also much more expensive. On the other hand, progress often seems a better criterion than success, since children in care come almost universally from a background of severe disadvantage, both

material and psychological (Bebbington & Miles, 1989; Quinton & Rutter, 1984). Both cross-sectional and longitudinal studies require appropriate comparison groups. These tend to be either the general child population, or working-class children, or the children of other families known to social service agencies but where children are not being looked after by the state. The last group are in many ways the most appropriate, since such comparisons can approach those of a natural experiment.

Are Breakdowns Diminishing?

One of the most serious deficiencies of long-term foster care has been the high rate of breakdowns. In the 1960s the rate was found to be between 40% to 50% of all placements within a 5-year period (George, 1970; Parker, 1966; Trasler, 1960). Although breakdown rates do not appear to have improved much since then, many foster carers are now looking after older and more disturbed children, some of whom may give little back that is positive (Berridge & Cleaver, 1987; Rowe et al., 1989). Berridge and Cleaver found considerable differences in breakdown rates between authorities, i.e. 46% in a county authority as compared with 20% in a London borough; but they also found that the London borough had placed younger children, and had placed more children in voluntary care, as compared with children on court orders. Rowe et al. found an overall breakdown rate of 28% in long-term foster care within a period of 13 to 24 months. Among children aged 11 and over the level was 35%. The problem of disruption seems widespread. Van der Ploeg (1993) found an overall rate of 50% for all types of foster care in Holland.

The term "disruption" is often preferred by social workers to the term "breakdown" when placements end abruptly, the reason being that the unplanned ending of a placement may not be an unmitigated disaster for a child, but a necessary step towards a more positive living arrangement. On the other hand, it is possible for children to become involved in a downward spiral of unacceptable behaviour leading to placement breakdown, which in turn may increase a child's sense of rejection, and lead to even more difficult behaviour and further breakdowns (Wolkind & Renton, 1979). It is also true that breakdowns can be extremely distressing for both foster child and carer, and may well create a strong sense of failure in both.

Breakdowns, by themselves, are an unsatisfactory criterion of quality of care, since some placements that break down may, overall, have helped a child. For example, Berridge and Cleaver (1987) in their study of fostering practice in three contrasting agencies in the U.K., found that in 42% of cases where placements broke down that social workers had previously judged the quality of the placement to be either generally or highly satisfactory. Conversely, some placements that do not break down provide children with chronically inadequate care. Rowe and colleagues (Rowe, Cain, Hundleby, & Keane, 1984), in their study of long-term foster carers ($N = 145$), found that both social workers and researchers had independently judged around 11% of children in stable, long-term placements to be receiving

barely adequate care. Dando and Minty (1987), using fostering officer ratings of the overall performance of 80 long-term foster carers, found that 13% were judged to be providing barely adequate care.

Risk Factors for Breakdown

Parker (1966) identified a number of risk factors for breakdown. The first is placing a child in a family where there is already a child under 5 years of age, or of a similar age to the child about to be placed. This was confirmed by Berridge and Cleaver (1987), and can be regarded as an extremely secure finding, particularly since there are good developmental and systemic reasons for it. Children who enter care have often had little positive attention, and placements that put such children side by side with younger children of the biological parents, or children of roughly the same age, are almost bound to create insecurities, jealousies, and rivalries. Conduct problems were another factor found by Parker to be associated with breakdown, and this too has been confirmed by subsequent studies. Rowe and colleagues (1989), in their survey of about 3500 foster care placements in the U.K., found that unmanageability and stealing were strongly associated with breakdown. Fratter and colleagues (Fratter, Rowe, Sapsford, & Thoburn, 1991), in their survey of 1100 placements in late adoption and permanent foster care, found instability to be associated with difficulties in conduct. Third, older age of child at placement has been associated with increased risk of breakdown in many studies (e.g. Berridge & Cleaver, 1987; Fratter et al., 1991; Rowe et al., 1989). Rowe and colleagues found that over a third of all placements for children over 11 years broke down over a period of 13 to 23 months. Lastly, Triseliotis (1989) claims that placement stability is threatened if the foster carers believe the wellbeing of their own children is put at risk by the behaviour of foster children.

Among the factors associated with *reduced* breakdown levels is the finding that placement with relatives appears to be more secure than placement with strangers (Berridge & Cleaver, 1987; Rowe et al., 1989). It is, of course, possible that placements with relatives include a higher proportion of young children who have been abused, but who are easier to manage than disaffected adolescents. In any case, social workers should not be deterred from an assessment of appropriateness to foster just because a child might be placed with relatives. Conflicts in the extended family played an important part in the tragedy of Maria Colwell, who was battered to death by her stepfather after Social Services had refused to try to prevent her return home from her maternal aunt, who had fostered her for several years (Secretary of State for Social Services, 1974).

Return Home

In most short-term, and many medium-term placements, success is judged by the criterion of whether the child returns home. Again, this is not always an appropriate criterion. At least two studies have found that returning to live at home "on trial" is not infrequently an unstable, and sometimes even a harmful placement. Rowe

and colleagues (1989) found just over half of such placements broke down within 2 years or less. Farmer and Parker (1991) followed up over 300 children and young people on care orders who had been returned home "on trial". Almost two fifths of the placements had broken down, and amongst a group of disaffected adolescents, half had run away. Such placements were also deemed detrimental for 15% of the younger children who had largely entered care because of abuse.

In general, there are high rates of readmission for many children who are in care. Almost half of all 5- to 10-year-olds in the study by Rowe and colleagues (1989) and nearly two fifths of the over-10s had been in care before. These findings of the instability of a substantial minority of placements back home, and of their inadequacy in terms of the quality of parenting suggest that some of these children might have been better off placed in permanent foster care or adoption.

Fanshel and Shinn (1978) found that the likelihood of children returning to their homes was associated both with the frequency of parental contact and the extent of case work by social workers. However, the possible causal direction here is not clear. It is quite possible that social workers spent more time working with cases where parenting was open to improvement, and where return home would have been more likely in any case. By the end of 5 years well over half the 600 children followed up had lost contact with their parents. A study in England by Milham and others (1986) also found that over a 2-year period almost a third of children remaining in care had lost all contact with their families. Children who were admitted into long-term foster care before the age of 2 were most likely to lose contact with their families (Fanshel & Shinn, 1978).

Developmental Outcomes—Cross-sectional Studies of Children in Long-term Foster Care

In the U.K., Rowe and colleagues (1984) studied 145 children aged between 4 and 19 years who had been in the same long-term foster care placement for at least 3 years. In spite of independent assessments by social workers and researchers that the children were receiving good or excellent care, in 30% of cases, the children were still found to be manifesting some disturbance as judged by the Rutter A Scales. The two most likely explanations for this relatively high rate of disturbance are a psychological sense of impermanence felt by foster carers and foster children in placements that, though stable, are not expected to last, and second, the fact that some forms of child psychiatric disorder may take many years to remit.

Fein et al. (1990) studied all 779 children in foster care in Connecticut. Their findings were more positive. Children were rated by their foster carers in relation to (1) school functioning, (2) behavioural functioning, (3) emotional and developmental functioning, and (4) adjustment to the foster family. They found scores well above the midpoint for the majority of children. High overall scores (on all four dimensions together) were associated with the children having positive feelings about their natural parents, with living with older foster carers, with foster carers wanting the children to stay with them, and with foster carers feeling their children had made

some improvement. Two thirds of the children had experienced only one or two placements, but half the children had been in foster care for 6 years or more.

Developmental Outcomes—Longitudinal Studies of Children in Long-term Foster Care

There have been a number of carefully conducted longitudinal studies of children in long-term foster care. Fanshel and Shinn (1978) studied a group of about 600 children selected from different age groups up to the age of 12 years who had been admitted to foster care in New York. For those who remained in care, IQ scores (both verbal and nonverbal) at first rose significantly. For younger children who stayed in care for 5 years or more, IQ increases were higher than those who returned home. Children who stayed in foster care also made more educational progress in the period of 2½ to 5 years after admission, although they did not close the gap between themselves and the general population.

Aldgate and her associates (Aldgate, Colton, Ghate, & Heath, 1992; Aldgate, Heath, Colton, & Simm, 1993; Colton, Heath, & Aldgate, 1995) selected a group of 49 children in stable long-term foster care, and matched them for age and sex with children from families who were receiving social work help, but who had never been in care. The educational attainments of both groups were, in fact, very similar and both groups of children continued to suffer from educational deficiencies. The failure of the foster children was not due to a lack of interest in their education by foster parents. Instead, it may have had something to do with the prior experience of the children in care, in that those children who were suspected of being abused or neglected were performing significantly worse than others. Second, the over-optimistic evaluation of both social workers and foster carers of the children's academic progress probably prevented them pressing for the much greater educational input they needed.

The same group of researchers (Colton, Aldgate, & Heath, 1990–91) found that although there were higher rates of behavioural and emotional disturbance in foster care children than in the general population, the rates for antisocial behaviour were lower than in a matched group of children seen by social workers but not in care, and were in some respects significantly lower. High rates of emotional and behavioural disturbance among children in foster care have been reported in other studies (McCann, James, Wilson, & Dunn, 1996; D. Thorpe, 1980). However, the finding that the rate of disturbance is lower than in other families with considerable problems seems to shift most of the causal attribution away from the effects of living in care to the family and wider social backgrounds of the children admitted to care. The validity of such an attribution is confirmed by the studies of children followed up in the National Child Development Study and the Child Health and Education Study, where it was possible to compare the outcomes of children who had entered care at different ages with measurements taken both before and after their admission. In both studies it was apparent that emotional and behavioural disturbance, where present, often antedated admission to care (Lambert, Essen, & Head, 1977; St Clair & Osborn, 1987), and the same applied to

academic delays (Essen, Lambert, & Head, 1976; St Clair & Osborn, 1987). There was even some evidence that there was more academic catch-up in young children in care than in children who were not yet in care, but who were “destined” to enter care later (Essen et al., 1976; St Clair & Osborn, 1987). Multivariate analysis by St Clair and Osborn also suggested that the variance in the children's emotional and behavioural disturbance and academic deficiencies was explained much better by their social background than by the fact that they had been in care. This is not to claim that social workers, foster carers, and residential staff could not have done more in relation to remedial education, or in diminishing conduct and emotional problems. Rushton, Treseder, and Quinton (1988) found that there was a good deal of improvement in the first year of placement in the behavioural problems of fairly young children living in permanent placements (in long-term foster care and adoption). Gibbons, Gallagher, Bell, and Gordon (1995) followed up to the age of 11 years a group of almost 150 children who had been physically abused when young. Some had been adopted, others fostered, and others returned to their parents. On a composite measure, which included assessments of emotional and behavioural problems and also of academic progress, the fostered group seemed on the whole at that stage to be doing best. However, very few foster children in the U.K. achieve any academic qualifications, although the small minority who do are more likely to make their way out of social and economic disadvantage (Jackson & Martin, 1998).

Developmental Outcomes—Follow-up into Adult Life

Most of the studies that have followed up children who have been in long-term foster care into young adulthood have been generally positive in their outcomes. Festinger (1983), in her study of 227 children who had been in foster care in New York for most of their childhood, found that in their early 20s they were productive, law-abiding, and competent members of society. Her findings were confirmed in a review of 12 long-term follow-up studies of foster children in North America by Maluccio and Fein (1985). Festinger (1983) and Zimmerman (1982) also found that being admitted to foster care younger and remaining longer was associated with better outcomes. Minty (1987, 1988), in a study of the criminal records of 59 boys who had been in either long-term foster or residential care, or both, together with matched comparison groups, found that although boys admitted to care had more criminal convictions as adults than other deprived boys not admitted to care, those admitted earliest, and who stayed longest, were paradoxically less likely to have multiple convictions, and less likely to have convictions for violent crime than boys admitted later, who stayed for shorter periods. Almost all the boys who had spent over 9 years in care had been fostered.

Dumaret, Coppel-Batsch, and Couraud (1997) studied the adult outcomes of 63 individuals who had all been in long-term foster care for 5 or more years (mean = 7.9 years). They were almost equally divided between the sexes. Forty-five people, aged between 23 and 39 years, agreed to be interviewed. Twenty of the 36 individuals

who had a partner had lived with that partner for 7 years or more. Three quarters were employed. On a scale of social integration devised by the researchers, over a third were well-integrated socially, and claimed to have good health, and a further quarter were assessed as relatively well-integrated, although sometimes having minor health problems. Twenty per cent were judged to be not well-integrated, with a further 9% assessed to be poorly integrated. None in the poorly integrated group had established a family or was economically independent. Their social relationships were confined to social workers and foster families. However, with the exception of one woman who had had a child adopted, none had placed a child in care. The discontinuity in relation to ex-care subjects not placing their own children in care was confirmed by Corbillon, Assailly, and Duyme (1988) in a study of registrar records in two regions of France.

Two studies have found that outcomes for foster children were poorer than that of adopted children (Bohman & Sigvardsson, 1985; Triseliotis, 1983; Triseliotis & Russell, 1984). The latter researchers found (in a careful longitudinal study) that adult outcomes for foster boys were poorer than for a group of boys who had been adopted. They were also inferior to the sons of single mothers who had requested adoption a generation ago, but had later changed their minds, and decided to care for the children themselves (and whose fortunes may have changed). It was also clear that the fostered boys were children "left over", as it were, after the adopters had made their choice, or the birth mothers had decided not to proceed with adoption. One reason why the fostered children were not chosen for adoption was anxiety about their genetic inheritance. This anxiety was not altogether misplaced. The biological fathers of the fostered group had more convictions for crime and fines for alcohol abuse than the fathers of the adopted group. However, when the fostered boys were compared with their elder brothers who had remained at home—a crucial test—the fostered boys had a superior outcome. It was also clear in the Triseliotis and Russell study that the fostered children were placed in family care at a later date than those who were adopted (Triseliotis, 1983).

Studies of Adolescents Shortly After They Have Left Care

In addition to studies of outcome in adult life, there is a second group of studies of young people in the U.K. (and the U.S.A.) shortly after they have officially left care in mid to late adolescence (i.e. between 16 and 18 years). These studies have found high levels of unemployment, homelessness, isolation, and poor academic achievements (Biehal, Clayden, Stein, & Wade, 1994; Garnett, 1992; Stein & Carey, 1986). Courtney and Barth (1996) reported similar findings in the U.S.A. In attempting to reconcile the outcome of this latter group of studies with those studies previously reviewed, a number of points are relevant. First, the majority of young people in the second group of studies had only entered permanent care after the age of 10, and stayed for relatively short periods. By contrast, the subjects in most of the adult-outcome studies had entered care earlier and spent much longer in foster care. For example, individuals in Festinger's (1983) study

had spent on average 14 or 15 years in foster care. When a distinction was made between those admitted before and after adolescence (as in Garnett's study, 1992), it was found that almost all of those admitted in adolescence did poorly, but half of those admitted before were doing relatively well. Second, many of the young people in the second group of studies had been in residential, rather than foster, care. Finally, while outcomes may reflect (1) deficiencies in the care system, they must also reflect (2) the deficiencies of parenting and education that the young people had often brought with them into care initially, and (3) the considerable inadequacies of after-care, occurring at a very vulnerable age. There is a strong case for arguing that discharging some of our least-educated, worst-skilled, and most emotionally and socially disadvantaged young people into the community in mid-adolescence, and without adequate support, is a recipe for disaster.

The Satisfaction of Young People in Care

For reasons of space, only studies that draw on the opinions of young people will be discussed here. Kufeldt and her colleagues (Kufeldt, Armstrong, & Forosh, 1996) found that almost 90% of 100 children aged 9 to 15 in foster family care in Ontario felt that the decision to enter care had been the best decision at the time, as did 80% of their parents. About the same proportion (80%) attributed their coming into care to problems in the parents or in the parent-child relationship. Triseliotis and colleagues (Triseliotis, Borland, Hill, & Lambert, 1995) also found that, as judged by the views of the adolescents as well as by standardised tests, for a proportion of young people admitted as adolescents, foster care seemed to be the best available option, although it had proved a failure for others. When Festinger (1983) questioned the 201 young people in her study who had virtually grown up in foster family care, 79% of the young men and 82% of the young women agreed that the statement "I was generally satisfied with my experience of foster care" was "very true" or "pretty true" for them.

Other Issues

There are three other major policy issues that have some bearing on outcomes. Two of these, contact and transracial placements, have been the subject of recent and thorough reviews. The issue of contact is complicated by the term itself, since it can refer to all forms of access and communication, from exchange of information by a third party to regular face-to-face visits and stays. Quinton and colleagues (Quinton, Rushton, Dance, & Mayes, 1997), examined the validity of the evidence for the benefits of contact, and discovered major methodological weaknesses in many studies. There appeared to be, in fact, relatively little hard empirical evidence for the benefits of contact. There are, of course, exceptions; for example, the finding of Fanshel and Shinn (1978) of an association between regular visiting and discharge home. The finding of Fratter et al. (1991), that in permanent foster care contact was linked to placement stability, may be valid, although Quinton et al. (1997) claimed the study

did not produce sufficient evidence on which to judge. Scholte (1997) found evidence in Holland that continued contact with birth parents was associated with greater placement breakdown in long-term foster care. There seems a good deal to be said for adopting a more case-by-case approach to contact (Hester & Pearson, 1998).

Rushton and Minnis (1997) reviewed the studies on transracial placements. Although they agreed that, other things being equal, it is better to place a child with someone of his or her own culture and race, there is little definite evidence to suggest that children suffer from transracial placements, provided the carers are sensitive to, and respectful of, the needs of children of a different race and culture. However, given the past history of colonialism, they argued that there are strong political reasons for trying to find foster carers of the same race and culture as the foster child.

The third policy issue relates to the method of concurrent placement devised by Linda Katz (1996) and already practised with success in parts of the U.S.A. The essence of concurrent placement is that foster parents accept children for relatively short-term placements (mostly less than a year) and biological parents allow their children to be placed, on the clear contractual understanding that this arrangement is the last chance for biological parents to demonstrate that they can adequately care for their children. The practice seems confined to parents who appear to be "untreatable" (D. P. H. Jones, 1987). If parents do not or cannot make sufficient progress within a specified time, then Child Welfare or Social Services/Work Departments ask the court for Care or Relinquishment Orders, with the plan that the foster parents will offer the child a permanent placement. It is claimed that this arrangement considerably shortens the amount of time children remain in highly unsatisfactory home environments without any plan for permanent placement.

Conclusion

There are a few biological parents who provide grossly inadequate or severely abusive care to their children, and are themselves untreatable (D. P. H. Jones, 1987). The question must then arise as to whether adoption or permanent foster care can provide adequate alternatives. A necessary, but not sufficient, condition for a viable alternative is stability of placement. The stability of long-term foster care placements depends on a number of factors, including particularly the age and difficulty of the fostered child(ren), and the age of other children in the foster family on placement. Good-quality long-term foster care is more likely to be found when children are placed earlier, and when they do not have severe problems of oppositional defiance. It is also important that the fostering agency carefully monitors children's progress and provides good support, including training (with incentives to its uptake), the regular payment of adequate allowances, and a 24-hour advice line, for foster carers.

Several longitudinal studies indicate that the outcome for long-term foster care is generally much better than current professional prejudice suggests. Earlier admission and later discharge both appear to be associated with

better outcomes, as is the absence of severe conduct problems in the foster children. By contrast, there is some evidence that recent policies of short-term admissions may have encouraged the "oscillation" of children in and out of care, and the postponement of some long-term admissions. By the time of admission to medium- or long-term care, many children have become seriously disturbed in behaviour and grossly delayed in educational attainments. It seems there can be behavioural improvements—at least in children under 10 years of age placed in permanent care. Nevertheless, there must be limits to the degree of remediation possible in relation to both the social and educational development of young people admitted as older children and adolescents, following a childhood deprived of adequate education, affection, appropriate attention, and proper controls.

Does our state of knowledge permit us to make recommendations in the area of child policy? Knowledge is still patchy, but policy will continue to be made with an eye to research findings. In this situation it is the duty of academics to try to clarify the evidence supporting the inevitable alternatives. There is increasing evidence against the policy of making all placements away from home as short as possible. In contrast, many (but not all) individuals who have been brought up in permanent foster care for most of their childhood do have a relatively good long-term prognosis, although the area of education needs much more attention. The "Looking After Children" system of monitoring progress should also help diminish the proportion of children who grow up in care with serious unmet needs. However, the success of long-term foster care presupposes a supply of good foster carers/parents, and a willingness on the part of Child Welfare and Social Services Departments to provide them with adequate supports.

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