KNOWLEDGE REVIEW 5

Fostering success

An exploration of the research literature in foster care

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Preface

This review helps to identify what impact foster care has for fostered children and young people. It highlights the importance of supporting users of fostering services to determine their own definitions of quality outcomes and provides pointers to fostering agencies about how harnessing this knowledge has the potential to improve provision.

The review complements a concurrent survey of innovative fostering practice, which together will provide a foundation for a *Practice Guide* on fostering. We are grateful to the team of Kate Wilson, Ian Sinclair, Claire Taylor, Andrew Pithouse and Clive Sellick at the Universities of Nottingham, York, Cardiff and East Anglia for undertaking such a wide-ranging and eloquent review.

We would also like to thank the three consultation groups of foster carers and young people who worked with the research team to provide a user perspective on key findings identified in this review.

This is a *scoping* review, providing a summary of the main trends in research in a field of social care, rather than a comprehensive account of all the research such as would be available from a *systematic* review. Its purpose is to alert the public – policy makers, practitioners, managers, researchers and of course the children and families involved in fostering – to the main messages from research in this field.

SCIE has close relationships with a number of the key stakeholders in the foster care field, and this review has already begun to shape the thinking of those with responsibility for developing fostering policy in England and Wales. Now that central government is fundamentally reviewing the shape of services to children and their families, SCIE hopes that the carefully evidenced and thoughtful messages from this review will further inform public debate about these important issues.

Dr Lisa Bostock
Senior Research Analyst

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Introduction

"It's, like, foster care … it works differently for different people. It goes well for some people, it doesn't for others."
(young person in consultation group, aged 17)

> Outcome – the desired end result and intended improvement after a specified period, in the well-being of children and/or families. Relates to the impact, effect or consequence of a particular service intervention[1].
>
> Many of the certainties, which are often cited, are actually value statements about what should be done rather than what has been shown by research to be effective. (p 14[2])
>
> Attributing outcomes to foster care is difficult as it is unknown what the results would have been otherwise. (p 494[3])

In the UK, on any one day, over 75,000 children are looked after by local authorities. Numerically the most important form of provision for these looked after children is foster care. This caters for about 60% of those looked after at any one point in time. This review is about its outcomes.

The Oxford English Dictionary gives one meaning of outcome as "a visible or practical product, effect or result". This definition emphasises causality and efficacy. So we are *primarily* concerned with outcomes that foster care can bring about: changes that are desired (or not) and that would not have occurred without it. That said, it is often difficult to know whether these changes should be seen as the effects of foster care or would have occurred in any case. In what follows we first describe what happens to foster children. We then turn to the more complicated question of how far what happens can be seen as an effect of foster care itself.

Against this background we consider five broad issues:

- *Methodology:* how do we decide whether an apparent outcome is in fact produced by foster care and not simply a state that follows it?
- *The background to outcome research in foster care:* what are the basic characteristics of fostered children? Why are they fostered? How do they do? What is foster care meant to do for them? Against what criteria should its outcomes be assessed?
- *The overall impact of foster care:* judged against these criteria do children on average do 'better' if they are fostered than would have been the case if they were not?
- *Differences within foster care:* given that a child is fostered, what makes a difference to whether he or she has a good or less good outcome?
- *Implications:* in the light of this evidence what might be done by way of organisation, training and so on to ensure that the outcomes of foster care are as good as possible?

We approach these questions through the literature. Obviously there are many kinds of writing on foster care. The relevant literature includes inspection reports, policy documents, the clinical reflections of social workers, foster carers and therapists, practical advice from voluntary agencies, the autobiographies of former foster children and much else besides. All these provide ways of 'knowing' about foster care. Our own concern is with research, that is, with information that has been gathered and reported systematically and in a way that allows other researchers to check and test conclusions drawn from it.

2

Methodology

Our concept of outcome allows for various distinctions. The main ones are between:

- *Final outcomes*, which are generally agreed to be of value (or deleterious) in their own right. They may occur after foster care, for example, 'settling down in adult life and having satisfactory relationships'. However, they may also be in a sense part of foster care and occur at the time – for example, whether or not a child is unhappy while fostered, or does well at school.
- *Intermediate outcomes*, which are not seen themselves as intrinsically valuable, but are 'steps on the way' to others. For example, it might be argued that an unstable care career is not in itself a 'bad thing'. It is, however, undesirable because, among other things, it affects educational progress.
- *Process outcomes*, which are concerned with the way foster care is provided. They would include, for example, the degree to which the child was consulted over what happened to her or him. They may be valued because of their effect on final outcomes or for other reasons – for example, because they are seen as rights, or because they are valued by children.

Our concern in this report is primarily with final outcomes, whether positive or negative. We consider intermediate and process outcomes only insofar as they may be related to them. So we need to ask whether children are more satisfied and have better – or worse – final outcomes if they are fostered than would have been the case if (a) the foster care had been delivered in a different way or (b) they had remained at home or been otherwise dealt with (for example, through adoption). Some of these 'outcomes' may be the consequence of pre-determining characteristics, rather than the effect of foster care itself, an issue that we consider in the next section on the background to outcome research in foster care.

Answers to these questions essentially require comparison. Ideally we need to be able to compare similar groups who are dealt with in different ways.

Such comparisons can be variously achieved. One method involves randomly allocating children to 'different treatments'. This should ensure comparable groups. Alternatively it may be possible to 'control' for background factors likely to influence outcome. For example, it is likely that age is strongly related to placement breakdown. If so, any comparison between breakdowns of adoptive and foster care placements must allow in some way for the fact that adoption is primarily available for very young children. Such designs are often called 'quasi-experimental'. In other cases it may be possible to use children as *their own controls* – in other words, to compare their well-being under some intervention with their previous or subsequent state.

Logically there is an attraction to random allocation. Where comparisons are made on the basis of controlling for background characteristics it is never possible to be sure that all necessary allowances have been made. In studies that use children as their own controls, there may be difficulties in distinguishing between effects produced by an intervention and those produced by the passage of time. For such reasons random controlled trials (RCTs) are the preferred method for evaluating therapeutic drugs.

In social work things are more complicated. There are clearly serious ethical problems in, for example, randomly allocating children to adoption or foster care. There are also practical problems in getting adequate sample sizes to have a reasonable chance of showing an effect. The allocation to different treatments is rarely made 'blind' (a desirable refinement in medical trials). A particularly fundamental difficulty problem is that of defining the context of the treatment and the treatment itself. The pills given in medical trials are normally 'known quantities', delivered in reasonably standard conditions to a population whose 'problem' is tightly defined. None of these conditions apply in social work.

Essentially the RCT design is strong in determining how likely it is that there is an effect. It is weaker in determining why any such effect has taken place. For this reason it is often difficult to know the conditions under which an effect is likely to be repeated. In the US, where such trials are much more common than in UK social work, they frequently produce conflicting results.

More generally decisions about *what works* always have to be made on the balance of evidence. This includes an assessment of the methodological rigour of the different studies but also considerations of

the 'coherence of evidence' and 'prior probability'. Where professional opinion, common sense, respectable theory and consumer views are in favour of an intervention there is a presumption that it will work. Stronger evidence is required for showing that it does not work than would be the case in other situations. For this reason research that is not strictly comparative – for example, case studies or surveys of professional judgement and consumer views – have a role in building a case for and against interventions. This eclectic approach to the literature is the one that we have followed in our review.

Our methods for identifying this literature are given in Appendix 1. Although our ideas often come from literature published prior to 2000, when literature searches for a previous foster care review were undertaken by three of the present authors, we have tried to test them against literature since that date. In dealing with this material we have had to confront the rather low level of evidence generally available and the limited time available to us. We have not been able to conduct a rigorous methodological evaluation of all the studies that bear on the numerous questions considered below. Nor have we been able to come to definitive conclusions on disputed points. To do this would have required a more extensive search and more discussion of methodology. We have, however, tried to identify the main issues in the literature, to distinguish the different kinds of evidence that bear on these issues, to say where we think further review is needed, and, with due caveats, say where, on our reading, the balance of evidence lies. One further caveat is that we have included in the review a large amount of evidence from international studies, mostly from the US. In so doing, we have drawn on those which we consider broadly relevant to the British context, but have not, given the space and time available, considered in detail the extent to which international research conclusions are transferable. (See Appendix 2 for a discussion of the international context of foster care.)

In addition, we have conducted three consultation groups with foster carers and young people for the purposes of this review. They were asked to comment from their own experience on key findings from the research (see Appendix 1). Short extracts taken from these user groups are presented throughout the text.

3

The background to outcome research in foster care

Perfect agreement on the outcomes of foster care is unlikely. We have already noted the difficulty of distinguishing between what is an effect of foster care and what would have happened in any case without it. In addition – and perhaps more importantly – the participants may disagree on how outcomes are to be valued. For example, social workers, children, families and judges may all disagree on how to weigh a child's safety against her or his need for a family life.

Research can contribute to reducing these dilemmas in two ways. First, as discussed above, carefully designed research can make it appear more or less likely that a particular 'outcome' is, in fact, an effect produced by foster care. Second, it can contribute to debates about the relative desirability of different outcomes.

This section sets the context for both these tasks. In it we review a wide variety of research on foster care. This provides a background to our later discussion of effects and to our selection of outcome criteria. We summarise our material under five main headings:

- *The types and purposes of foster care:* it would be strange to evaluate foster care against purposes it was not intended to meet or which it did not have the time to accomplish.
- *The needs of foster children:* research has highlighted the reasons for which children enter foster care and particular difficulties among them (for example, their low educational performance). This information can be used to argue for giving priority to certain outcomes (for example, better examination results).
- *The children's care careers:* descriptive studies have highlighted a number of features of the children's careers in the care system (for example, lack of stability) that should arguably be reduced.
- *Adult states:* research suggests that certain difficulties are particularly common in the subsequent lives of looked after children (for example, homelessness). Such studies provide an argument for treating the reduction of these difficulties as a desirable aim.

- *The policy background:* foster care is provided through public money. The views of those who shape policy have to be taken into account.

This section does not deal with children's views. Clearly the judgements children make about foster care and their involvement in the decisions related to it are central to any assessment of the outcome. We have found it easiest to summarise the material on children's views in our section on the overall outcomes of foster care.

3.1. Types and purposes of foster care

Local authorities classify foster care in a wide variety of ways. One study[4] found that 47 different kinds of name were in use among local authorities in its survey alone. This proliferation requires breaking down into certain broad categories if it is to be of use in a review.

A useful method of classification concerns the purposes and lengths of time for which children are fostered. The extent of these children's contact with the care system varies greatly. Many of those who enter the system spend little time there – around 32,000 children in the UK entered the care system in 2000/01, and a similar number left[5,6,7,8]. Among children who ceased to be looked after in England during 2001/02, just under a third had spent less than eight weeks in care, and around 43% less than six months[9]. After a year, the chance of leaving drops rapidly and those who stay on make up the majority of those looked after at any one time. The 'snapshot' picture of those in care at any one time is thus very different. In England, statistics for the year 2000 suggest that only 16% had been in the care system for less than six months. Four in ten had been there for over three years and one in twenty for over ten years. Northern Ireland statistics for the same year (the only comparable source) suggest even longer stays, with over half having been looked after for three years or more[10].

These figures suggest a basic distinction between short and long-term foster care. Further distinctions can then be made according to the purpose of a stay. For example, some short-stay care may be simply to gain a breathing space until a mother returns from hospital, whereas other short stay care may be to provide a 'remand' placement. A possible general classification would distinguish between:

- *short-term:* emergency, assessment, remand, 'roof over head';
- *shared care:* regular 'short breaks';
- *medium-term (task-centred):* treatment, bridging placements, preparation for independence or adoption;
- *long-term:* upbringing.

This classification is adapted from work by Rowe and her colleagues in 1989[11]. Our own studies suggest that it is still useable. Although the same categories apply, the proportions fostered for different purposes have changed. The Rowe study found no evidence of planned, repeated short breaks. This is now common. Rowe found little evidence of treatment foster care. This was still true in 1998. Less than 1% of Sinclair, Wilson and Gibbs' sample[12] were said to be placed so that their behaviour could be changed. In 2003 treatment foster care is being officially encouraged[13].

Short-stay foster care caters for a greater number of children than any other. Social workers see such placements as serving a variety of ends – to cool an inflamed situation, to support parents at the end of their tether, to manage a temporary crisis or to allow a risky situation to be managed and assessed[14].

Short-break, respite or relief foster carers can work with birth parents in a variety of ways. They can offer a series of short breaks, most commonly but not exclusively to disabled children. They can foster parent and child together. They can offer support to parents while the child is with them and subsequently after he or she returns home[15]. *Support foster care* has been developed as a model of family preservation in some parts of the UK where, for example, lone parents and their adolescent offspring are experiencing intense relationship problems[16].

S*pecialised, therapeutic or treatment foster care* is likely to be provided by special schemes[17]. These are marked out by a number of features, not all of which are necessarily present in each scheme. The features include:

- an above-average level of support, training and remuneration for carers;
- a theoretical model of the aims and approach needed in the scheme;
- a difficult (often teenage) clientele;
- a restricted length of stay.

In Rowe's classification such foster care is part of a wider set of fostering activities designed to achieve particular ends, for example, to prepare a child for adoption.

The phrase *long-term foster care* is widely used but imprecisely defined.

Table 1: Children looked after in the UK, by country and by placement, 31 March 2001[a]

	England		Wales		Scotland		N Ireland		UK	
	No	%	No	%	No	%	No	%	No	%
Foster placements[b]	38,300	65	2,690	74	3,084	28	1,528	63	45,602	60
Children's homes – LA, voluntary, private	6,300	11	235	6	767	7	273	11	7,575	10
Placed with parents or family[c]	6,900	12	408	11	5,822	53	532	22	13,662	18
Placed for adoption	3,400	6	176	5	196	2	–	–	3,772	5
Lodgings, living independently, other community	1,200	2	52	1	215	2	–	–	1,467	2
Schools and associated homes and hostels	1,600	3	–	–	684	6	–	–	2,284	3
Other accommodation[d]	1,200	2	83	2	131	1	81	3	1495	2
Totals	58,900		3,644		10,897		2,414		75,855	

Notes: Children looked after for an agreed series of short breaks are not included in this table.

[a] At the time of writing, data for children looked after at 31 March 2002 were not available for all the countries of the UK.

[b] The figures for those in foster placements in England and Wales include those fostered with relatives and friends. The same figures for Northern Ireland include those fostered with relatives (although friends are not mentioned in the Northern Ireland classification). For Scotland, the situation is slightly different. Many of those placed with relatives in Scotland are on supervision orders and not fostered, so the figures for those placed with relatives and friends in Scotland have been added to the 'placed with parents or family' category in this table.

[c] In England, Wales and Northern Ireland these figures refer to children placed on a care order with adults who have parental responsibility for them. In Scotland they include children on supervision orders.

[d] Includes Youth Treatment Centres, Young Offenders Institutions and various other categories in England and secure and other residential accommodation in Scotland.

A dash (–) in the table indicates that data for a particular category were not available (for example, children placed for adoption are not included in the returns for Northern Ireland).

Percentages may not equal 100 due to rounding.

Sources: [5,6,7,8]

In general long-stay foster children are those who are not seen as returning home in the near future but who are not going to be adopted[18,19]. In Rowe's terms they are there for 'upbringing'. Much of the policy and research on foster care focuses on this group.

The outcomes to be expected from these different kinds of foster care are clearly different. For example, it is not to be expected that short-term care will *of itself* radically change a child's education, mental health or behaviour. Its effectiveness is crucially dependent on the system of which it is part, for example on the effectiveness of subsequent care in the community. For these reasons most research and other writing on the outcomes of foster care has focused on those that might be expected of medium or longer-term fostering. Performance measurements and outcome indicators intended to capture the experiences of looked after children therefore tend to be based on children who have been looked after for 12 months or more. Hence 'outcome' measures predominantly (although not entirely – see, for example, the Educational Qualifications of Care Leavers which measure outcomes for each care leaver aged 16 and over, regardless of how long they have been looked after) concern the longer-term foster child.

3.2. Needs of foster children

Among children in placement in the UK at 31 March 2001, less than half (46%) were female. In England and Wales, more than half (57%) were aged 10 or over[5,8]. Age categories are calculated slightly differently in the data for Scotland and Northern Ireland, where just under half (49%) of looked after children are aged 12 or over[6,7]. In England, disability was the principal reason for just 3% of all children starting to be looked after in 2001/02, which contrasts sharply with those children starting to be looked after under a series of short-term placements, where disability was the recorded need code for 72% of the cases[9]. It is now mandatory to collect data on ethnic origins for looked after children, but accurate statistics do not yet exist and differences in definitions of ethnicity make establishing proportions of children from minority ethnic groups difficult. UK research suggests that approximately 18% of looked after children are 'black', a figure, which conceals wide variations between authorities and across regions and countries.

Research conducted in the 1980s and 1990s[20-7] suggested that children

entered the care system for three main reasons:

- because the parent(s) were unable to care for the child (due to parental illness, imprisonment, homelessness, acute financial problems etc);
- because of problems with parenting (neglect, abuse);
- because of problems with the child's behaviour (for example, offending) and/or a breakdown in family relationships with the child (for example, child seen as 'beyond control').

There seems little reason to doubt that similar reasons still hold good. The proportions of children entering the system for different reasons may well, however, have altered. Even prior to the 1989 Children Act the proportions of children entering the system for reasons that had purely to do with delinquency and poor school attendance had radically reduced. Shorter lengths of stay in maternity wards, better preventive work and changes in the system for dealing with homeless children may well have reduced the proportion of children entering the care system for reasons of 'parental difficulty'. As a result the care system has become increasingly concentrated on children who enter because of abuse and neglect, a category that in England accounts for around two thirds of those looked after on 31 March 2002, with 'family dysfunction' accounting for a further 10%[9].

These reasons for entry suggest that children entering the care system are likely to have severe difficulties. This prediction is born out. Usually they come from families with parents showing diverse psychopathology and multiple problems in parenting[28-30]. They have usually had numerous changes of domicile or family before entering the care system[31,32]. They are much more likely than the general population to have been maltreated[5,18,33,34] and to be doing badly at school or excluded from it[35,36].

The evidence that maltreatment can lead to developmental delay is not entirely consistent. Some UK studies show no marked difference between maltreated children and their peers from similar socio-economic backgrounds[37,38]. Nevertheless maltreated children are known to have a greatly increased risk of poor outcomes on a variety of criteria, as do children with poor educational performance[39,40]. It is therefore not surprising that the rate of emotional, social, behavioural and educational problems found in children in out of home care is substantially higher than in the general population[30,41-44].

The literature suggests that looked after children are likely to have difficulties in the following areas:

- *Health and disability:* foster children tend to be somewhat less physically healthy than their peers; although acute illness is treated, chronic conditions are often overlooked and dental care neglected and they may lack anyone with an overview of their health needs and history[45-47]. A significant minority have some physical disability and a sizeable proportion, perhaps around a quarter, have a learning disability, in a minority of cases a serious one[33,48,49].
- *Safety and re-abuse:* American and British evidence suggests that the likelihood of abuse is considerably higher for children in the care system than it is for children outside it[3,50,51]. As discussed later, this finding needs careful interpretation.
- *Mental health and emotional/behavioural problems:* the proportions of foster children identified as having serious problems of this kind varies with the sample studied, the measure used and, possibly, the date of study. The range is generally between a third and two thirds of the population[52-6].
- *Educational achievement:* children in the care system have consistently been found to have a lower level of academic achievement than their peers[35,57-63]. They are far less likely to achieve GCSEs, any A levels or go to University[64-6].
- *Achievement of close relationships/resolving attachment difficulties:* the disturbed backgrounds of foster children and the frequency of their moves make it more difficult for them to attach[67-9]. Agreed measures of attachment difficulty and therefore estimates of its frequency are lacking.
- *Acquiring a positive identity:* this criterion is generally thought to be highly relevant. It is, however, not clearly defined. Relevant issues include whether the child thinks well of her/himself, whether s/he is happy with their ethnicity, and whether s/he is comfortable with their status as a foster child. Again agreed measures of this concept are lacking.

Given the extent of these difficulties it is reasonable to expect that the system should seek to ameliorate them. It is to be hoped that children experiencing the disruption of their home life will be safe, and, if looked after for any length of time, experience stable placements where they

are happy and where they can grow up to be fulfilled and responsible adults.

3.3. Children's care careers

Officially there is much concern with turnover. This 'intermediate outcome' is of particular relevance to those foster children for whom the system provides 'upbringing'. Two performance indicators have been introduced to measure the stability of foster placements, in order to achieve greater stability for children. The reasonable assumption is that frequent moves are likely to impair children's chances of achieving secure attachments, continuity of education and health care, friendships and acceptance by a social group.

As Ward and Skuse[70] point out, there are a number of questions about the reliability with which such indicators monitor stability – for example, different recording practices within authorities, where there may be uncertainty whether or not to include children receiving an agreed series of short-term placements. At the level of the individual there is doubt over how far placement moves are always to be avoided. Children crave stability, and uncertainty may undermine their sense of self-efficacy, so there should therefore be a moral presumption against moving them[33,71]. Nevertheless some moves (for example, those which involve the breakdown of long-term placements) are more serious than others[11], some children want to be moved[72] and some moves may be necessary to maintain a relationship with carers, even if at a distance.

At present it is uncertain whether the poor outcomes typically associated with instability (for example, worse mental health and worse outcomes on leaving care) reflect the intrinsic difficulties of the children or the effects of movement per se. Some researchers have suggested that instability leads to poor outcomes, for example in education and mental and physical health[25,34,45]. An American study suggests that children who do not show behaviour problems may be particularly vulnerable to the deleterious effects of placement disruptions[73]. Others have found that the association reflects the effects of breakdowns rather than movement per se and that the association disappears if allowance is made for child difficulty[33]. At present this seems to be an area for professional judgement and one where performance indicators should not be used as the only criterion for resisting a planned move[74,75].

In terms of actual instability Ward and Skuse's study[70] of the case records of 249 children in the looked after system in seven authorities found that in the first year of the care episode, 44% remained in the same placement throughout the year, at least 26% had two placements and 28% three or more. Fifty-four per cent of the 246 moves on which information was available were classified as planned transitions, this being the most frequent explanation not only for first moves, from emergency to more longer-term placements, but also for second or even third moves. They comment that two factors appear to reinforce this pattern of instability: first, the fact that social workers rarely stay long in one post and second, "optimistic expectations [of rehabilitation] have also led to many oscillating between their families and care or accommodation" (p 344[70]), one in three having had at least one prior admission, one in eight at least two.

> "…You feel like a yo-yo … you know, moving from one person to another and another. In the end, you just don't even unpack your stuff, your bags, because you know you're going to be moving again in the next couple of days."
> *(young person in consultation group, aged 16)*

In general the evidence from studies in different authorities over a number of years suggests that:

- Around a third of those entering the care system will have previously been in it[70].
- Those in the care system for a number of years are likely to have experienced repeated trials at home. In one study those over 16 who entered before the age of five had on average been returned home on at least three occasions[33] while another study suggests that care leavers are likely to have had on average at least four such moves[76].
- Breakdowns (placements not lasting as long as planned) have been a major reason for lack of stability. Estimates of the likelihood of breakdowns varies with definition, length of time over which follow-up takes place, sample characteristics and, possibly, date of study. An informed guess would be that around 50% of teenage placements are likely to breakdown before the child reaches 18[77,78].

- Few children (less than 20%) of those in foster care at the age of 17 stay on with their foster carers beyond this date[33,78].

The combination of the policy of returning children home, breakdowns in teenage years and reluctance to encourage stays beyond the age of 18 mean that long stays with the same foster carer are rare, although precise estimates of their likelihood have not been made[78]. The view that long-term foster care should remain an important option for children has been supported by a range of research[79-82]. However, while some argue that foster care can provide a permanent family analogous to adoption[18,83], that it rarely does is suggested by the limited number of long stays with the same foster carer found in the recent longitudinal study already cited[78].

3.4. Adult states

Studies of the longer-term outcomes of foster care can be divided into two groups. One is concerned with the outcomes of all children who have been in the care system (distinctions between foster care and residential care are not generally made). The other deals with the particular experiences of those who 'graduate out of care', that is, leave the care system at the age of 16 or above because they are thought old enough to do so.

The latter are clearly a vulnerable group. On average foster children move to independent living at an earlier age than their peers, for reasons which may include the potential loss of fostering allowances by carers, a perception on the part of professionals, carers and young people that it is time to move on, placement breakdown and the placement being needed by the local authority for another child. The transition is easier if the young people have a close relationship with at least one stable adult[76,78].

Changes in practice over the years make it very difficult to give general statements about the long-term outcomes of foster care. In general, evidence over time and from both sides of the Atlantic suggests that:

- those who graduate out of the care system (care leavers) commonly have to cope on their own at a much earlier age than their peers. Typically they face difficulties over loneliness, unemployment, debt,

and generally settling down – a generalisation that holds for both the US[84-6] and the UK[65,76,87];
- care leavers as a group are particularly vulnerable to homelessness, unemployment, drug use, mental health problems, difficult personal relationships and imprisonment[58,65,88-93];
- longer-term follow-ups also find care leavers more likely to have problems with mental health, personal relationships, including parenting difficulties, and social integration[85,94,95].

Incarceration as an outcome for looked after children and care leavers is an under-researched topic. The disproportionate number of young offenders who have been in local authority care is reproduced year after year in the prison statistics, and has generally been taken as given. The evidence that does exist relating to criminal behaviour suggests that:

- about 38% of the young prisoner population have spent a period in care[96], compared to about 2% of the general population (although this is not the same as saying that similar proportions of a leaving care cohort will end up in prison);
- information was collected for the first time in 2001/02 on the accommodation and activity of care leavers on their 19th birthday. Just under 2% (n=110) of care leavers were in custody, the overwhelming majority of whom were male[9];
- looked after children of the age of criminal responsibility are three times more likely to receive a caution or conviction than their peers. In the year ending September 2000, 10.8% of children looked after for a year or more in England received a caution or conviction, compared with a figure of 3.6% for all children[97].

Similar findings are reported from the US. For example, one Californian study found that risk factors for adolescent incarceration for serious and violent offences included: multiple placements in foster or group care, multiple spells in care (particularly entering care three or more times); and being first admitted to care between the ages of 12 and 15[3].

Despite these rather depressing results, longer-term follow-ups suggest that some of those in difficulty immediately on leaving the care system are subsequently able to settle down, even re-establishing friendly contact with foster families after breakdown. It is probably only a minority –

albeit a substantial one, perhaps around 30% – who get into serious difficulties in the long term[28,82,83,98-100].

Schofield interviewed in adulthood 40 men and women who had been in long-term foster care or adopted late in their care careers and reports a wide variety of experiences long term, with some rebuilding foster family relationships in adult life, following serious downward spirals in adolescence. Others remained in touch with their foster (or adopted) families even where their carers had behaved in ways that were damaging to them, a reminder, as Schofield comments of "how strong family membership can become, even where carers are not experienced as an emotionally secure base" (p 204[83]).

These longer-term outcomes are clearly important criteria for the evaluation of any foster care that is concerned with the upbringing and 'launching' of children.

3.5. Policy background

The legal basis of fostering in England and Wales is laid down in the 1989 Children Act 1989. Recent key policy and legislative developments include the *Quality Protects* in England[101], *Children First* in Wales[102], and *Choice Protects* initiatives[13], the publication of the *UK National Standards for Foster Care,* and the *2000 Children (Leaving Care) Act*. Standards are buttressed by guidance, such as the DfEE/DoH *Guidance on the education of children and young people in public care*[103], Foster Care Regulations (2002) and the Looked After Children Assessment and Action records developed with funding from the Department of Health. The latter are intended to measure whether the day–to-day needs of these children are being met[104].

There is a commitment at government policy level to the involvement of children and young people in commissioning and evaluating services, and to an emphasis on child-centred practice on the part of practitioners, the latter building on the requirement in the 1989 Children Act that social workers take into account the views of children and young people on decisions which affect them. For example, *Quality Protects* and *Children*

First require local authorities to set performance indicators in relation to involving users and carers in planning services and tailoring packages of care and in ensuring effective mechanisms are in place to handle complaints (including developing advocacy services). Further government guidance (November 2001) sets out some ways in which policy can be informed, including through the establishment of children's forums and the appointment of a Children's Champion.

Taken together these document the service, practice and professional considerations that authorities should keep in mind in promoting foster care. Consistent with these requirements official concerns with outcome concentrate on four main areas:

- placement stability
- safety as against re-abuse
- developmental outcomes (for example, education and mental health)
- children's views.

3.6. So what is the background to outcome research in foster care?

Foster children have difficult early lives. Their needs are great, their educational performance is poor, their childhoods in foster care and out of it are often unstable. In their adult lives they are at greater risk than others of a wide variety of difficulties. These 'facts' have led some to conclude that the state is not an adequate parent. This conclusion, however, ignores two possibilities. First, foster care may be better than the obvious alternative – remaining at home. Second, the lives of fostered children clearly *can* turn out well. Maybe this could become true for more of them. It is to these questions that we turn next.

4

What is the overall impact of foster care?

What, *on average*, are the effects of foster care? In considering this question we distinguish between:

- short-term foster care and longer-term foster care – the outcomes to be expected of foster care that last five years are clearly different from those expected when it lasted two weeks;
- the kinds of outcome achieved – foster care may be able to affect one outcome (for example, safety) but not others (for example, educational performance);
- the comparator (for example, being at home, in residential care or in adoption).

We look first at the comparison that can be made between short-term foster care and staying at home. We then look at the different outcomes that might be achieved by foster care – usually comparing relatively long-stay foster care with being at home. Third, we take a particular look at any overall differences there may be in outcomes between foster care and the main alternatives to it other than birth family (adoption and residential care). Finally we look at the views of foster children, the criteria against which they judge foster care and the degree to which it meets what they want.

4.1. Short-term foster care and short-break foster care

We have been unable to locate comparative British studies of short-term or short-break foster care. Non-comparative British evidence suggests that both are valuable and valued.

- Most (around 80%) admissions from the community are legally 'voluntary'. Parents commonly react to such admissions with relief[14,22,31] and may resent refusals to admit[22]. They are more negative

about compulsory admissions but even then may come to see the advantages in time[22].

- Children may react to admission variously depending on the circumstances (for example, the perceived suddenness) and the degree to which it is better than what preceded it. Neither they nor their parents necessarily perceive short-term care as a threat to the fundamental bonds of family[31].
- Breakdowns in short-term care are rare – partly no doubt because the period at risk is less[105].
- Where it is decided that longer-term placement is desirable this is often difficult to arrange with the result that placements may 'silt up'. One study found that on average children in short-stay foster care homes had already spent a year in the placement[33].
- The great majority (over 85%) of placements were (in the only study to assess this) perceived as meeting their aims fully or in most respects[11].
- The main descriptive study of 'short-break' foster care[15] found that the service was highly valued by parents and reasonably accepted by children. In the opinion of the researchers its benefits were enhanced when it was complemented by good social work.

American family preservation and reunification studies are variously concerned with the degree to which short-term (or indeed any form of) care can be prevented or truncated. As such they are relevant to the degree to which intensive work in the community has better outcomes than short-term foster care. These interventions typically involve social workers with very small caseloads providing a mix of psychological and practical interventions over a limited period. They differ in theoretical orientation, variously drawing on learning theory, crisis theory and ideas from family therapy[106].

Evaluation of these interventions has commonly used a comparative design and often random allocation. Results have been mixed, with many of the larger studies tending to show no effects. Possible explanations for this include the wide variety of children served, the failure of the intervention to target children at particular risk and suitable for the intervention, the severe nature of many of the problems (for example, drug addiction), many of which might not be resolvable in the time-scale involved, and failures to deliver the intervention in the way desired[107,108]. It remains uncertain how large a proportion of those at

risk might benefit from these interventions or what their longer-term effects might be.

One classic American study[109] suggested that purposeful social work based on contracts with parents was more likely to lead to rehabilitation and to successful outcomes. Non-comparative British studies suggest that purposeful, committed social work can make successful rehabilitation more likely[110,111]. Such practice promotes good contact between the birth parents, foster carers and the child, supports the foster carers and the birth parents and coordinates a multiagency approach to treatment of the child and parents before, during and after placement.

Overall, on the evidence we have read, it seems clear that short-term foster care is generally valued and not easy to prevent (for example, by improved family work). It may be best to see it as part of family support in the community rather than as an alternative to it.

4.2. Placement in foster care as against placement with birth family

Longer-term placements need to be judged against a variety of outcome criteria. We assess some relevant evidence below.

4.2.1. Health and disability

We found no evidence that the comparatively poor health and high rates of impairment among foster children reflects their treatment by foster carers. In some cases poor health seems to reflect previous treatment in the birth family. In such cases children removed to foster care seem to do better on average than those remaining at home[112]. Gibbons and her colleagues[113] similarly found that in a sample on the at risk register (the then equivalent of the child protection register) those removed from home did better on purely physical criteria than those remaining with their families.

4.2.2. Safety and re-abuse

As seen earlier there is a relatively high incidence of abuse of children who are in foster care. This does not necessarily mean, however, that they are abused because they are fostered. The incidence could be high for a variety of reasons. Children may continue to be abused by members of their birth family. They may have behavioural or other characteristics that render them more liable to abuse (for example, learning difficulties[114]). Professionals may be more critical of foster carer behaviour[50,115,116] and the degree of surveillance of foster carers is likely to be higher so that abuse is more likely to be detected. Paedophiles could target foster care as they do similar professions in order to gain access to children[117]. Foster children deprived of other means of power could use allegations as a means of gaining some control over their situation[118].

British studies undertaken have used different definitions of abuse and different methodologies that make comparisons of the findings difficult[33,116,119,120]. However, the evidence is broadly consistent and suggests that:

- the abuse may be by family members, other foster children or members of the foster family[27];
- unsubstantiated allegations of abuse are relatively common (16% of a sample of foster carers had experienced an allegation, presumably unsubstantiated as they were still fostering[121,122]);
- foster carers may be seen as abusive in contexts where families in the community would not[116,123];
- re-abuse is most likely to occur through family members rather than foster carers and after return home or, in some cases, on contact[78]. In a sample on the at risk register it was more likely among those remaining at home than among those adopted or fostered[113]. These findings seem to be in keeping with American research[124-6].

On balance, then, it seems that abused children who are fostered are less likely to be re-abused than they would have been if they had remained at home or returned there after a brief period of being looked after.

4.2.3. Mental health and emotional/behavioural problems

Evidence on the effects on emotional and cognitive development of removal from birth families comes from studies of adoption[127,128] and of children found in truly appalling surroundings[129]. These suggest that much depends on the age at which the child is removed. Children who are removed early (before six months) do much better than their controls who are usually born to lone mothers and remain with them. After six months the rate of 'catch-up' reduces, although this reduction is more marked with emotional and attachment problems than cognitive ones.

Early longitudinal cohort studies support these conclusions. They show that children who have had contact with the care system do worse on a variety of criteria. However, they also show that the problems antedated their arrival. Most of the children were admitted for a short time only. Their mental health continued to deteriorate relative to that of their peers. However, the rate of this relative deterioration seemed unrelated to the timing of their admission[53,130,131].

With regard to criminal involvement after leaving the care system, boys who stay longest in care have been shown to do relatively well, when compared to a group of boys discharged home early[132], a finding also reported by Zimmermann[133]. More recently two studies, one British and one American, have shown that after controlling, as far as possible, for background factors, children who returned home from relatively long-stay foster care were more likely to be involved in delinquency or (in the case of the British study) other difficult behaviour than those who remained in foster care[78,134].

The potential benefits of living long term in foster care have been highlighted by Taylor[135]. In comparing the experience of care leavers in prison custody with that of others, she drew attention to the importance of "having someone who cares". She suggests that certain types of care experience, particularly those associated with stability, security and a quality relationship with foster carers, could help to protect against offending behaviour. Her interviews revealed that young people could develop such protective attachments to their foster carers, even when placed at a relatively late age.

In general, the evidence does not support the hypothesis that the mental health or problematic behaviour of those looked after is worse than would have been the case if they had remained at home. On the basis of what we have read the reverse seems to be the case.

4.2.4. Education

Very similar points can be made about education. Again the evidence from studies of adoption points to the potential benefits of removal from home in some cases. Comparative longitudinal studies of children in the care system also suggest that their educational problems antedate their arrival. The care system may not ameliorate their difficulties. Arguably it does not, on average, cause them either[136-9].

This does not mean that the care system could not do better on education than it does. On the latest figures, 5% of care leavers in England gained five or more GCSEs at grade A to C, and 41% one GCSE[140]. Comparable figures were collected for the first time in Scotland in 2001-02, and showed that 40% of 16- and 17-year-old care leavers attained a qualification[7]. During the same year in Wales, 33% of children leaving care obtained a GCSE or GNVQ[141]★. When further data is collected in these countries it will be possible to chart trends over time.

The percentage of care leavers in England with at least one qualification has risen steadily from 1999/2000 to 2001/02, with girls performing consistently better than boys[140]. High educational achievement among care leavers is associated with placement stability and having a parent or carer who values education[71].

So it does seem that improvement in the educational performance of looked after children should be possible. It does not seem that their current performance is on average worse than would have been the case if they had remained at home.

★ We were unable to find comparable data for Northern Ireland on the topic of education, although we are aware that such data is currently being collated.

4.2.5. Achievement of close relationships/resolving attachment difficulties

Attachment is clearly a major issue for foster children. We found no comparative evidence on the effects on attachment of being fostered as against remaining with a birth family.

4.2.6. Acquiring a positive identity

It is clearly likely that fostered children will think of themselves as different from others. Their ideas about themselves are also likely to reflect their removal from the birth family. We found evidence that children were pre-occupied with these issues[78,110]. As we see below they were not in the majority of cases against the idea of being fostered. We did not find research on whether, on balance, removal to the care system had a more negative effect on their sense of identity than would have been produced by remaining at home.

4.2.7. Stability of care careers

As we have seen, fostered children typically have not previously had a stable home life. They are very likely to experience the departure of key family members and may themselves move between families. Children who return home and who are old enough commonly leave quite quickly[78]. At certain ages (5 to 15) return home is less likely to result in further movement[78,79]. Whether this family stability breeds a greater sense of security in the children is, as far as we are aware, unknown. A key difference between foster care on the one hand and birth and adoptive families on the other is the expectation that children leave at the age of 18. Movement at this point can reasonably be seen as an (in some cases) undesirable effect of foster care.

4.2.8. Adult outcomes

As we have seen, there is evidence that children returning home do 'worse' in a variety of respects than those who remain with their foster

families. It does not follow that the same will be true for comparisons between adults with previous contact with the care system and those who remain at home. We are not aware of good studies on this point. There is evidence that those who return to 'disharmonious families' do worse than those who do not return at all[28]. For the moment it seems safer to assume that families who disturb children when they are young retain the power to do so at a later age.

4.3. Foster care, adoption and residential care

The main alternative placements to foster care other than birth families are adoption and residential care.

4.3.1. Adoption

The likelihood of adoption drops rapidly with age, for reasons that include the frequent reluctance of older children to be adopted, their greater difficulty and the fact that they are less likely to be wanted by adopters[142]. Of the 3,400 children in England who left care through adoption in 2001/02, 190 (or 5%) were aged 10 or upwards[143]. Seventy-five per cent of those fostered aged less than two in Sinclair et al's study were adopted, as were 39% of those aged 2 to 5. More than nine out of ten came from these age groups[78].

One study[113] found worse outcomes among those adopted from an at risk register than among those fostered or returned home. The explanation for this finding is not clear. Possibly the adoptive parents chosen were less thoroughly assessed than would have been the case if they had been offered more 'popular' children for whom the competition would have been greater. Alternatively, the expectations of adoptive parents may be higher and they may react with greater disappointment when their children fail to fulfil them, or social work support for more difficult adoptions may be lacking. Whatever the reason, the study suggests that one should be cautious about assuming that 'adoption is always best'.

Despite this the general evidence on the effects of adoption is favourable.

- Those adopted as infants (less than six months) are as successful as any members of the community and perform decidedly better than comparison groups such as those living with lone parents or fostered[33,126,127,144-7].
- Later adoptions (that is, those aged 10 and above) are more problematic[148]. Most studies confirm that (older) age is one of the factors associated with disrupted placements[142,149]. Below the age of 11, the younger the child at placement, the more likely the placement is to be successful on all measures, with a breakdown rate for 'stranger adoptions' of around 20% for those placed at age eight, arising to around 50% for those placed around age 10 or 11[150]. The breakdown rate among those adopted in their teens is probably as great as that among those placed for long-term fostering at that age[77].
- One review concluded that, other things being equal, adoption was to be preferred to long-term fostering since it offers adopted children greater emotional security, a sense of well-being and belonging[151].

There is a wide variation in the use made of adoption by different authorities. In Wales[152] around 8% of looked after children were reported as 'waiting adoption – with a care plan specifying adoption'. This was an average rate of 5 per 10,000 under 18-year-olds for Wales. There were, however, higher rates in the more deprived authorities (for example, 17 per 10,000 in Merthyr). The reasons for this were not clear and cannot necessarily be associated with areas of high need. There is in place National Assembly guidance to authorities on action points to avoid drift, promote better matching, better planning and to generate more joint action[153,154].

Such English evidence as exists suggests that the scope for increasing adoption is limited[18,78]. The latter study suggested that its use might be slightly increased through greater decisiveness when the child was very young or by greater encouragement of the use of foster carer adoptions among older children.

New policies (for example, via the *Quality Protects* programme in England and similar initiatives in Wales; the 2002 Adoption and Children Act; the 'adoption and permanence project' www.doh.gov.uk/adoption) are designed to increase the number of adoptive parents, increase support for adopters, reduce delays and increase the likelihood of adoption through 'concurrent planning'. In practice the number of adoptions out of care appears to be increasing. That said, the potential for increasing the number

of adoptions may be limited. The UK is already high in any international league table for the number of adoptions; older children are often implacably opposed to adoption and the adoption of younger children may be limited by consideration of family rights[142].

4.3.2. Residential care

Difficult children can be contained in foster care as well as in residential care. Comparisons between the two forms of provision are problematic[155]. Young people in residential care usually present with behaviour that is more difficult to handle than that of their fostered peers. Their subsequent outcomes might therefore be expected to be worse. Moreover, residential care itself is very varied with absconding, criminality and other measures of outcome differing greatly between establishments of the same general type. The outcomes of any comparison are likely to depend heavily on which establishments are involved. Over the years the character of residential care has changed greatly so that follow-ups of children previously in group care are dubiously relevant to the current situation.

Such evidence as exists suggests that:

- observations of the two forms of care suggest that foster care is, on the face of it, a more benign form of provision[29,88,156]. Residential care is also rated as a less safe and adequate environment by social workers[78];
- those who have been in residential care have worse outcomes as young adults than formerly fostered peers[157], a finding that may reflect their initial problems rather the effects of their experience;
- there is some evidence that 'average' residential care may be better able than 'average' foster care to avoid placement disruptions among very difficult children[11];
- foster children almost universally prefer to be fostered[156]. However, some formerly fostered residents in children's homes say that they prefer residential care[32].

> "In a children's home, it's like staff in and out, isn't it?... And I prefer to be in a foster home, because then you've got two parents there for you 24/7."
> *(young person in consultation group, aged 13)*

The main English comparison of residential and foster care[156] was unable to establish differences in outcome between the two forms of provision. This study was not able to fully control for intake (the two groups compared seem to have been looked after for different lengths of time and somewhat different reasons). An American study[158,159] looked at children randomly assigned to different service models, and found that children in foster care had more significant positive behaviour changes and fewer short-term negative outcomes that those in residential care, although no follow-up into adulthood is reported.

4.4. The views of foster children and young people

"One key indicator of the quality of care in foster homes should be the children's own views" (p 19[160]). Services need consumer feedback if they are to improve. There are ethical, practical, therapeutic and legal reasons for consulting children and young people as the primary users of foster care[161]. When given the opportunity, young people are clear that they want a chance to speak about their experiences[162,163].

Conducting such studies well is not easy[164]. There are problems of access[165,166]. The key issues are sensitive. The children may well feel ambivalent over whether, for example, they want to be in foster care, have difficulty in expressing their feelings to researchers, and be reluctant to criticise their carers. In practice many consumer studies have involved small or unrepresentative groups of foster children. Many larger studies have difficulty achieving high response rates, with some studies reporting rates under 10%[162]. Different samples, for example, those selected because they are teenagers[88], reveal different perceptions. For practical reasons the voices of young children and those who stay only briefly are mainly, albeit not entirely[14,31] absent.

Despite these difficulties there are some reasons for confidence in the findings. These are the consistency with which the same themes are repeated in the literature, the degree to which they seem natural in the context, and – in the rare occasions when this comparison has been possible – the lack of evidence that respondents differ from non-respondents in ways likely to bias the results[72].

The foster children in the studies do not all want the same things. Nevertheless they have some common needs including a need for a

normal family life, progress and encouragement to succeed; respect for their individuality, values and culture; basic information about their rights and entitlements and adequate educational provision; and choice over the amount and type of contact with their own families. Most want a say in their careers in care. The extent or otherwise of their satisfaction reflects:

- the care they received from their foster families. Key issues include being treated as a member of the family, being loved, being encouraged, not feeling the foster carer does it for money, fitting in with all members of the family, treats, having a room of one's own, and (particularly for older children) respect for their individuality and differences[72,167].
- Their relationship with their birth families. Irrespective of whether they want to return to their families they accord them high significance. In one study children included in family maps not only mothers but also fathers who may not have been seen for a long time, or siblings who represent 'what is best about family life'[162,167-9].

> "I've got two [siblings] that are adopted, and the only time that I get with them is right between Christmas and New Year.... It just pisses me off, because I helped my mum to bring my little sister up, and my brothers ... I had that bond, right? And now I get to see them for two hours a year. I don't know what's harder. I mean having somebody there and never seeing them for years, or somebody being dead.... Do you know what I mean? Because it's like the most frustrating thing ever, because at least when they're dead – no disrespect to anybody – but when they're dead you know that they're gone, and that they can't come back and that they can't find you.... But it's like, when you know that they're still out there and everything, it pisses you off so much."
> *(young person in consultation group, aged 15)*

- The relationship between their feelings for their foster and their birth families. Some compare their foster families favourably with their birth families, seeing the former as 'more healthy'. Some feel that being away from their families is the worst thing about foster care. Some worry about their family while away from them. Some see the foster family as threatening relationships with their family. Some

want a compromise – to be with their family and see a lot of their foster carers or vice versa[58,72,156,162,170,171].

- The reasons for entering the care system. One qualitative study[74] of children aged 5 to 12 suggests that in two thirds of cases children were ill-informed about the reasons for coming into care. Many seem preoccupied with producing an account they can accept of why they are in the care system and who is to blame. There is some evidence that children who do not accept their need to be away from home are more likely to have placement breakdowns[33].
- The predictability of their care careers and their own say in them. Most children in long-stay care feel they are moved around too much. Moves require adjustment to new families and schools and the loss of friends. Some are unhappy in placements and want to move more than they do. The degree to which moves are explicable and predictable is important. What is probably key for all foster children is that others listen to them about where they want to be. Reviews may be an important part of this process[72,94,162,167,172-6].
- The 'ordinariness' or lack of it of their lives. Children in foster care do not like to be made to feel different. The differences between their own and their carers' surnames can make them feel unlike their peers[52]. So, too, can the need to seek permission from social workers to go on school trips or staying overnight with friends, the practice of holding meetings in their foster homes or in the lunch hour at their schools or the feeling that their teachers look down on them or pity them[72,170,174].

> "I feel embarrassed at 16 getting police checks when having to stay at people's houses."
> *(young person in consultation group, aged 16)*

With some exceptions[177] foster children are generally positive about their care[72,156,162,173,176,178]. A recent study found that nearly three quarters of looked after children questioned thought that it had been a 'good idea' that they had been looked after (Ward, personal communication).

4.5. So what is the overall impact of foster care?

What happens after placement in foster care is often problematic. Is that the fault of foster care itself? From what we have read the answer to this question appears to be 'no'. Foster care seems to be in general safer and less likely to produce difficult behaviour and emotional problems than the children's home environment. It is welcomed by most of its users.

This may be an unpalatable conclusion for those who feel that removing a child to the care system is in some sense a failure. They could reasonably argue that there is too little evidence on the effects of removal on a child's long-term sense of identity. They could also point to the need for a more systematic review of the various issues than we have had time to provide. On both points they would be right. Nevertheless the balance of the evidence we have read is against their view. In default of further research and systematic review this evidence needs to be taken seriously.

All this does not mean that foster care could not be better than it is. We deal next with the issue of what might make it so.

5

Outcomes and differences within foster care

The outcomes of foster care could be determined by a variety of factors. These include:

- the type of provider (for example, independent or local authority);
- the characteristics of the foster carer;
- the birth parents and their contact with the foster child;
- the school to which the child goes and their experience there;
- the degree to which child and placement are matched;
- support and interventions by social workers.

One study[33,179,180] suggested that outcome depended on three broad groups of factors. These related to:

- the foster placement (the child, the foster carer, and the interaction between the two);
- the birth family;
- the school.

To this list one should probably add 'characteristics of the placing process' (for example, whether it was made in a hurry).

Studies of resilience (the factors that enable children to survive adversity) similarly identify the child's temperament, the availability to her or him of at least one close relationship and schooling (together with opportunities that come with schooling) and the availability of 'breaks', and a chance to make a 'new start'[18,161,181,182].

In practice the children's characteristics clearly have an important effect on what happens:

- up until the age of 15 the older a child is the more likely he or she is to suffer a placement breakdown[33,179];

- children who have had previous placement breakdowns are more likely to have subsequent ones[33,179];
- children with attractive[11] or 'pro-social'[33,179] characteristics are less likely to have placement breakdowns;
- children who have above-average scores on measures of emotional disturbance[33,179] or difficult behaviour[11] are more likely to have placement breakdowns.

As will be seen later, characteristics of the birth family and of adjustment at school also predict outcomes. Studies of care leavers also suggest that their immediate well-being partly reflects their level of personal disturbance and factors related to this (attachment status, number of placements, educational difficulties)[76,92,183].

For the purposes of this report we assume that the initial characteristics of the foster children are 'given'. So the question we consider in this section is how far different ways of providing foster care have an impact on outcomes after allowing for the characteristics of the children themselves.

5.1. Types of provider

In Appendix 2 we consider the characteristics of British foster care provision within the international context. We deal below with the outcomes of different types of provider within England and Wales.

5.1.1. Kinship care or fostering by relatives, friends and family

A shortage of foster carers, an emphasis on the need to keep children in touch with their families and to make ethnically sensitive placements has made kinship care increasingly popular[184]. A significant proportion (around 17%) of English children who are looked after live with friends or family members[5] in contrast to numbers amounting to 6% more than a decade ago[11] and the 12% reported by Waterhouse[4]. This masks significant differences between authorities. A study currently being carried out in four local authorities shows variations between 14% and 41%, with the numbers accommodated in kinship care reportedly being

now higher than those accommodated in residential care[9,185]. Of those children recorded as being fostered on a 'Census date' in early 2000, just under 20% were recorded as being looked after by relatives (n=389). This group was divided evenly between boys and girls. The average age of this group tended to be slightly younger than those fostered with non-relatives[152]. In Scotland, 9% of children looked after at 31 March 2001 were placed with relatives or friends[7]. Comparable data for Northern Ireland shows that around 22% of children are 'placed with family'[6]. However, this categorisation conceals differences between those actually placed with birth parents and those placed with relatives.

The use of formal kinship care is much higher in America. One American study found that in urban areas where placement rates are highest, kinship care accounts for over 50% of all child placements[186]. Understandably there is more American research on this form of foster care.

On the positive side, it is seen to build on existing attachments, make visits with birth families easier, more frequent and less liable to official control, and spare the child the trauma of being moved from their community and placed with strangers. On the negative side, research has highlighted concerns over the assessment and training of carers and the financial disparity between them and others (between two fifths and one third living in poverty[187]). It also notes the lack of services for kinship carers. There is some evidence that placement with relatives may delay return home to parents[188,189].

Research on outcomes is equivocal. Two studies have found fewer psychological problems among children in kinship as opposed to ordinary foster care[188,190] and another study, while reporting little differences in behavioural adjustment, mental health and social support between the two, found that those placed in non-relative foster care were more likely to have experienced homelessness, to have been unemployed and to have a lower standard of living[85]. By contrast, Dubowitz et al[191] found higher abuse/neglect rates for kinship care households. A recent American study on permanency outcomes of 875 kinship placements suggests that breakdown is as frequent, if not more so, than in stranger placements. Breakdown is greatest in the first six months (29%) and between the second and third year disruption rates rise to almost half of the children placed with relatives. The researchers argue that kinship carers face unique barriers which require additional consideration when designing services for them[192].

Schlonsky and Berrick[193], in a careful summary of the evidence for kin and non-kinship placements, suggest that they need to be used differently,

> … as they tend to have varied strengths and weaknesses. Kin, while usually having an established relationship with the child, may also have certain familial and socio-economic circumstances that may impede their ability to provide high quality out-of-home care. Non-related foster parents, while trained to provide safe care, do not usually have the benefits of a preexisting relationship with the child. Especially with older children, this may translate into reciprocal attachment difficulties and later with permanency problems. (p 78[193])

While this is a reasonable interpretation, there is no strong American evidence of superior performance by either form of foster care. Any differences found between them may reflect differences in the type of children fostered rather than differences in effectiveness[194].

British research is broadly compatible with these conclusions. A UK study of 119 grandparent carers found that a large majority had experienced financial hardship to raise their grandchildren and found the demands of bringing up young children, many of whom had significant behavioural difficulties, taxing, with a greater need for respite. Many, however, had been given totally inadequate assistance, some had been threatened with adoption if they requested help, and had been generally 'left to get on with it'[195]. Sykes et al[118] describe the particular difficulties which kinship carers face over contact with birth families, and suggest that potential problems should be addressed prior to placement, and authoritative, skilled help provided thereafter.

British research on outcomes is, as far as we are able to assess it, also inconclusive. One early study suggested that relative placements were less liable to breakdown. More recent work has failed to confirm this[118,121]. At the time of Rowe and her colleagues' work[52], relative placements were uncommon. They may therefore only have been used in the most favourable circumstances. Now they are used more commonly their advantages may be less pronounced.

Hunt[196], in her scoping paper on 'friends and family' care for the Department of Health, concludes that while research evidence is "fragmentary, and not as reliable or useful as might be wished", there is a good case for policy development at central and local government level to address UK commentators' concerns:

- about the variation in use of relative placements across the country;
- about lack of policies or inconsistent policies;

- and about inequitable treatment of kinship carers in terms of financial and other forms of support.

It would be valuable to conduct a more systematic review of the evidence on outcomes than we have been able to carry out.

5.1.2. Private foster care

Private foster care refers to foster care that is privately arranged between the families concerned. This form of foster care is explicitly covered by the Children Act and has recently been the focus of attention because of the scandal over Victoria Climbié. In practice very little is known about it. The last major study of it was published in 1973[197], although there has been small-scale research[198], inspections[199,200], reports and position papers[201,202] since then. There is no systematic British research on its outcomes or their determinants, although a small-scale qualitative study is currently being undertaken by the Thomas Coram Research Unit.

A study of 206 families of West African origin living in London found that 29 (14%) had sent one of their children to private foster care[203]. Only one family felt that foster care was a suitable option; the reminder would have preferred alternative facilities such as nursery placement. Contrary to popular belief, most children were visited fortnightly, some more frequently and only two never visited. Private fostering was found to be less common in this group than the large numbers cited in reports[200].

5.1.3. Independent and voluntary local authority care

The great bulk of foster care is provided by foster carers recruited and supported by local authorities. Recently, however, there has been a sharp growth in foster care provided by the independent sector agencies (currently estimated to be in the region of 100-120 by Sellick[204]). Hard evidence about the growth and number of Independent Foster Agencies (IFAs) should become available once the provisions of the Care Standards

Act are fully implemented and applied through registration, inspection and approval.

Foster carers in this sector are typically recompensed at a more generous level for fostering than are their local authority counterparts. They also report higher levels of support[24,204], although Sellick and Connolly's evaluation of one large IFA reported high levels of satisfaction by both IFA foster carers and local authority social workers[205]. Traditional childcare organisations such as Barnardo's and NCH continue to provide foster care services including specialist placements and related therapeutic activities.

Why are IFAs being used?

A survey of 55 IFAs[206] found that many children were referred for planned, long-term placements. The placements of 29% of the 509 last placed children were categorised as long term and when the IFA staff were asked to anticipate how many of the children would remain in the IFAs this figure rose to 33%. The researchers concluded that it was difficult to determine whether these placements were being made because there was a shortage of long-term local authority foster carers or because a number of IFAs offered these within an overall context of additional services. By examining the reasons for referral for long-term placements the answer probably lies in a combination of the two. Twenty-eight per cent of children were referred in order that they could be placed and remain with their siblings and 17% because the IFA provided an ethnically sensitive match between carers and children. In 41% of cases no long-term local authority placement was available, partly, at least, the researchers assumed, because there were too few foster carers who were black or able to take sibling groups. Yet the survey provided evidence that a number of IFAs specialise in the placement of children with their siblings as an option for permanence. Although 39 of the 55 agencies placed at least one of its ten most recently placed children long term, 13 IFAs placed five or more children in this category. A few IFAs acknowledge in their promotional literature that they exist simply as long-term placement agencies.

A concurrent review for SCIE of innovative fostering practice[207] has found that the full range of fostering agencies in the public, independent and voluntary sectors care for children with complex and special needs such as those who have committed criminal offences, sexually abused others, require secure care or who have significant health needs and disabilities. The authors of this review were unable to quantify which sector was the major provider of fostering placements for these children but commented on the variety and breadth of specialist fostering placements within established voluntary childcare organisations.

Analysis of all placements in Wales on a 'Census date' in 2000 (p 33[152]) showed that almost 7% of children placed were in the independent foster care sector. Most of these were placed by a relatively small number of authorities who were 'high users' of independent provision for a variety of pragmatic reasons other than appropriate choice alone. Best value and quality assurance remain issues for purchasers vis–à-vis children placed with 'out of area' independent providers. The (reported) higher remuneration and level of support offered by independent providers in order to attract experienced carers seems to have been significant to service delivery in Wales, and the perception of a small but fast growing independent-led 'sellers market' in Wales was not altogether welcomed by some authorities. The National Assembly for Wales has recently[208] commissioned research into the location, needs and planned service outcomes for children and young people in specialist placements (fostered and residential) out of area in Wales and England. The report will be available by summer 2003.

As yet there is no evidence over whether the care provided by the independent sector in either England or Wales is more or less effective than that provided by local authority carers.

5.1.4. Special schemes

Special schemes are not strictly a type of provider since they are found in both local authority and independent sectors. Nevertheless it is convenient to consider them here.

Early British research showed that more difficult young people could be taken by these schemes than had hitherto been thought possible[209,210]. This lesson has recently been reinforced by a Scottish study which

explicitly targeted a population who would otherwise be in secure accommodation[17].

Walker et al[17] evaluated a Community Alternative Placement Scheme (CAPS) in Scotland. This provided specialist fostering placements for young people as an alternative to secure residential accommodation, in an attempt to explore whether the needs of particularly challenging young people could be met in the community. The researchers note that "each young person in the study was thought to have benefited from being in the scheme, with overall outcomes rated as 'good' for over a third" (p 222[17]). However, the study raised questions such as the level of challenging behaviour which carers can accommodate while trying to maintain an 'ordinary' family life, which would need to be considered before further schemes of this sort were developed in the community.

While some young people in the CAPS scheme benefited from short-term placements, those who spent at least 18 months in the project were thought to have achieved the best outcomes. Some of this latter group had established what they regarded as 'life-long links' with their carers. As Walker et al (p 200[17]) point out, "this highlights the capacity of some young people to establish significant new attachments, even at this relatively late stage in their troubled childhoods".

Studies that use relatively rigorous methods of evaluation suggest that:

- to date, there is no evidence that schemes which train carers in listening or managing behaviour and do no more than this have a significant impact on outcomes[34,211,212];
- one American scheme which involves intensive support of carers, training of both carers, social workers, and where appropriate birth parents in the same social learning approach, and close attention to schooling, has been positively evaluated in comparison to residential care and in relation to both delinquents and disturbed young people[213-16];
- a different scheme that involved the identification of problems in key areas of a young person's life with case management designed to ensure

that someone from an appropriate discipline met these needs was similarly successful[217,218].

Special supportive schemes may affect particular aspects of their experience (accommodation, ability to budget and deal with agencies) but not more fundamental aspects such as their view of themselves. American evidence suggests that preparation for leaving can have an effect if it targets a core set of key skills. It may also help if young people are enabled to stay in touch with their carers[209,210,219].

In respect of innovative schemes that seek to promote positive outcomes around placement stability and continuity, there is a (to be published) case study of an intensive support scheme in South East Wales for children aged eight and above whose foster placements have a distinct possibility of disrupting. The case study by Rees[220] reports a high level of satisfaction over intervention and outcomes from users, carers and professionals. Similarly, an evaluation of a Family Group Conferencing project in South Wales to promote effective plans to stabilise placements, make contact arrangements and address schooling needs, was compared with mainstream local authority procedures for care planning and was considered both preferable and more effective by key respondents[221].

5.2. The impact of different carers

Foster carers act as a kind of parent. Like parents they influence their children. Young people in a study of the NCH CAPS in Glasgow identified many ways in which carers conveyed their concern for them, for example, through "listening to them, enjoying their company, showing they worried about them, taking them on outings or on holiday and, in everyday conversation and interaction, subtly challenging their low sense of low self-worth" (p 210[17]). These are the activities of quasi parents. And like parents they are expected to encourage, to set high expectations and not to put the young person down.

Researchers have identified a number of characteristics that may be related to outcomes. These include:

- *Specific family characteristics:* studies have variously identified the age of the carer, the existence of birth children in the family and the age of these birth children relative to the child. There is not yet a clear consensus on what, if any, these key variables are[222].
- *Parenting characteristics:* carers who are responsive, child-oriented, and warm, firm, clear, understanding, and not easily put out are all likely to have better than expected outcomes[33,222]. Foster carer stress may be linked to placement breakdown[223].
- *Previous performance:* there is some evidence that carers who have experienced allegations or a higher than expected number of previous disruptions do less well with subsequent foster children than other carers[33].

Carers who are able to tolerate a particular child's difficult behaviour may prevent the latter from leading to placement breakdown. Some carers, it seems, learn to 'ride' difficult behaviour or learn from it, whereas others react negatively[55]. Qualitative studies suggest that a key factor is the carer's ability to handle disturbed attachment behaviour and to control the child without making her or him feel rejected[18,180].

5.3. Birth families

Foster children differ over whether being away from their 'real' family is desirable or not, but it is definitely something on which they have views. Less is known about the attitudes of birth parents to the care system. The major study of it was reported in America in the 1970s. As we have seen, such evidence as exists does not suggest that parents have a uniformly negative attitude to having their children in the care system. Feelings are often mixed with feelings of shame and failure mixed with feelings of relief.

Despite 'a studied indifference to parental needs'[224], some work has been done on ways of supporting parents while they are separated from their children. This suggests that worker communication and availability are important in ensuring that birth families continue to feel involved and respected[225]. Support groups for separated parents and regular telephone contact may also be useful on occasion. Such evidence as there is suggests that:

- the success of the return home depends heavily on the quality of parenting in the birth family, and, probably, the motivation of child and parent, the difficulty of the child and the child's involvement with school;
- the chances of success may be improved through purposeful work targeted on key parenting problems[109] or changes in the family not associated with social work (for example, a violent partner moving out)[78];
- one programme which trains parents to use the same approach as foster carers in looking after children has been positively evaluated. It is not known how important this aspect of the programme was in producing success[215].

5.4. Contact with birth families

A key issue for both children and parents is contact. Asked to give two wishes for their future, just over a quarter in the Sinclair et al study gave a wish that involved seeing more of or getting back together with their birth family. As suggested earlier, children may want more contact with siblings and with absent fathers. Even children who were apparently happy in the placement could nevertheless wish they were home. Some do not want to return to their families but do want continuing contact[72].

One study[33] found that:

- most children want more contact than they get and most parents want to provide it;
- there is a need to distinguish between different kinds of contact – contact with some members of the family may be desired and that with other members not; similarly some children may want supervised contact or telephone contact only while others want unsupervised contact;
- contact is commonly (not invariably) distressing to parents, children and foster carers;
- in certain circumstances contact may be associated with abuse and placement breakdown. Where (a) there was strong evidence of prior abuse and (b) contact was unrestricted (that is, no family member was forbidden contact) breakdown was three times more likely and the chance of re-abuse was increased.

Contact is required, wherever practicable, by the Children Act. Research prior to the Act reported a desire on the part of children for more contact, difficulties in providing it, and an association between contact and return home. A body of literature has argued the case for it, and its positive impact on outcomes[80,105,226-8]. Recent research shows an increase in contact[74]. Nevertheless, while the moral case for it remains unimpaired, there is now doubt that it produces the outcomes claimed for it. Some researchers have failed to find relationships between contact and avoidance of breakdown or with the child's mental health. The associations that have been found could be explained in other ways[229]. For example, the better attachment between children and parents documented in the more frequently visited child may precede placement[74]. Such attached children may be better adjusted, less liable to disruption and more likely to return home, but these outcomes are not necessarily the effects of frequent visiting. "Although a certain level of contact is needed to achieve reunification, the relationship appears to be correlational rather than causative" (p 37[230]).

The current state of knowledge has been summarised in a series of linked reviews of mainly British studies of contact in both adoption and foster care[55,231-3]. In the first of these, the authors noted a general failure, common to research on both (as they term them) temporary and permanent placements, to control for confounding variables, an undue reliance on small self-selected samples, weak measures of outcome, imprecise definitions of contact, a concentration with mothers and a failure to take account of the quality, purpose or setting of contact itself. In their most recent article[233] the authors highlight a number of questions which require longer-term research and conclude that practitioners will still need in many cases to rely on clinical and practice experience and wisdom, since "the research evidence is insufficiently strong … to allow confident prescriptions" (p 530[233]). These findings hold good for both temporary and permanent placements, although it should be noted that the authors do not explore in detail potential differences between short-term, long-term and adoptive placements and this latest review focuses largely on studies of contact in adoption.

The present position appears to be that there is a strong official presumption in favour of contact and this is accepted by social workers[230,234] and with some reservations by foster carers[33,74]. There are careful discussions of the issues in contact[235], and examples of good practice (for example, Farmer et al[236], where in a few cases, proactive social workers

had improved contact for example by involving another family member who could provide attention and nurture). Sinclair and his colleagues[33] suggest that it is good practice to get an accurate picture of children's views of different family members of the family, and of the risks posed by each – in other words, to fine tune judgements rather than seeing contact as a blanket event.

Two linked studies compare contact with young adopted children and children in middle childhood long-term foster care. Face-to-face contact, although less frequent, was found to be more straightforward in the adoptive families, with the adopters being centrally involved in contact meetings and able to act autonomously, whereas the experience of foster carers was more varied, with some feeling excluded from decision making. In both placements, sensitive and empathic thinking and accepting values on the part of carers were vital in helping children make sense of their family structures. When these attributes were present, a wide range of contact arrangements could be successful[237].

In general children have a right to contact and this presumption should remain. Most children want it, and are entitled to have it, other things being equal.

A majority of those entering foster care will return home quickly and clearly it would be absurd to forbid them contact with those with whom they will shortly be reunited. Nevertheless, contact is more problematic than has hitherto been thought. There is a need to distinguish between contact with different family members, for different purposes and in different contexts.

The scope for changing contact is often limited by Courts operating within the context of the Children Act and Human Rights Act. Nevertheless it is open to social workers to seek to influence these decisions and, within them, to influence the context and nature of the contact that takes place[236]. It is an area for thoughtful proactive social work and professional discretion.

> "If you have an idea of what contact's going to be, either before placement or very early on in the placement, at least you've got some structure haven't you."
> *(foster carer in consultation group)*

5.5. Influence of school

Schooling is a key factor in resilience. Success at school predicts escape from adversity. School-based interventions may have long-term good effects. As noted above, the current educational achievements of foster children are low. Their scholastic difficulties precede placement in foster care but are not apparently ameliorated by it. The educational needs of foster children have received greater attention throughout the UK in recent years. For example, raising their educational attainment in England became a central plank of the joint guidance issued by the DfEE and the DoH[103] (2000), and in Wales through the introduction of new targets and regulations[238]. However, studies in Wales[152,239] revealed an improving picture but one still characterised by limited collaboration between education and social services in planning, safeguarding, and information sharing over children looked after. A national survey of IFAs found that 56% of these agencies had employed an educational liaison officer and 21% had an on site school[206]. In an evaluation of one large IFA Sellick[205] found high levels of satisfaction from foster carers in relation to the role of that agency's educational liaison officer who championed the children's educational needs with their placing local authorities and with the agency's on site school.

At present the evidence in this field is fragmentary. Such as it is it suggests that:

- School is a difficult arena for some foster children and one in which they may feel stigmatised. Difficulties are increased by movement in the care system which frequently implies changes of school, with a consequent need to find new friends, pick up on new ways of teaching etc[240,241].
- Continuity of schooling may protect against some of the adverse effects of moves and perhaps make success on return home more likely[71].
- Happiness at school predicts a variety of 'good outcomes', including both better behaviour and adjustment and avoidance of placement

breakdown – there is some evidence that it produces these outcomes and is not simply associated with them[78].
- Conversely, lack of involvement with the 'pro-social elements' in school may lead to associations with anti-social peers and subsequent difficult behaviour (p 13[242]).
- Qualifications and – for a very small minority (about 1%) entry to university – provides a route to adult success[75].

There is some agreement on the factors likely to produce these outcomes. These include:

- encouragement from carers and the presence of other children who can model academic involvement and success[243];
- the presence of 'educational supports' (someone attending school events, access to local library, information on education rights and entitlements)[243];
- contact with an educational psychologist has been found to be associated with an absence of breakdown after allowing for difficulty of child (although the mechanism for this is unclear)[33];
- evidence from residential care suggests that schemes with dedicated teachers involved in working with children to return them to school can be successful in this respect[32].

The evidence for some of these statements is weak. Nevertheless, there is no doubt that school is a key arena for foster children. Happiness at school can produce better behaviour and adjustment and help prevent placement breakdown. A wide view needs to be taken of it. It is not only important that they achieve academically. Everything possible should be done to ensure that they are happy there, are not bullied and take part in school activities that they enjoy and which can be sources of self-esteem and enhance resilience.

5.6. Matching

There are many criteria against which social workers seek to match children to placements. These include the ages of the children, their ethnicity, whether they need to be placed with siblings, geography and the need for contact with parents or to maintain a place at the same

school, whether the child needs company or individual attention, the skills and resources needed to deal with the child's needs and behaviour, and the length of time for which the placement is sought.

Most placements from the community are made at short notice[12,45,244]. In most of these cases there is no choice of placement. Scottish research suggests that particularly serious placement shortages exist for the following groups of children: minority ethnic; sibling groups; children displaying serious behavioural problems; requiring long-term placements; sibling groups; and those with disabilities[245]. In an all Wales survey (p 31[152]) 98.2% of carers were 'white British', with only five of the 22 authorities reporting any black and minority ethnic carers, most (nine) were in Cardiff; of the other four authorities none had more than four such carers. Close matching is therefore initially impossible – social workers look for a placement that will do. For longer-term placements social workers wait until a good match is, in their eyes, available. An unfortunate consequence of this reasonable strategy is that many short-term placements last for longer than carers expected[33].

Researchers and practitioners have sought rules of thumb for matching child to placement in order to produce better outcomes. In practice the evidence on this is equivocal or conflicting.

- Placements regarded by social workers as not fully suitable and placements made in a hurry or in an emergency (the two are associated) or without adequate information to both foster carer and child are more likely to break down, at least in the short term[33,105,185,244]. It could be that such rushed placements are more likely to be needed for difficult children. However, rushed placements are probably undesirable on any grounds.
- Placements of siblings together may well go better[55,105], but the evidence on this is not consistent[246-8]. One explanation of poorer outcomes for those not placed together in Sinclair, Wilson and Gibbs' study could be that the children who are placed on their own present greater difficulties than their siblings who remain at home[12].
- There is no evidence that placements 'matched on ethnicity' (generally referring to those from minority ethnic groups) do better on the criteria which have been examined than those which are not matched[12,82]. The former study found that black boys placed long-term with white families did, on some criteria, better. The reverse was true for black girls, but this was not significant.

Pithouse et al's survey[152] included anecdotal evidence of children placed by English authorities with Wales-based independent foster care providers who operated in rural areas where Welsh language predominated. Such placements were considered inappropriate by respondents and deemed likely to create difficulties for fostered children who would have little 'cultural capital' by which to engage with the local community and their new peers at school.

One reason for these somewhat equivocal findings is the subtlety of the processes involved. Matching by ethnicity is inevitably crude. Many children have complex ethnic identities (dual heritage children are the most common group) while culture, religion and even language can vary widely within the same ethnic group. Siblings have very varying relationships – some are not fully related, some may not know each other, some are emotionally close, some are jealous and so on. One American thesis suggests that the placements of siblings who are emotionally close is associated with success in a way which other placements are not[249]. Such issues require the exercise of professional judgement and an ability to distinguish individual situations and problems (for example, Smith argues against placing children from sexually abusive families together[247]).

Two general points can be made. First, it is important that local authorities recruit short-term carers who are prepared to take a wide variety of children for varying lengths of time. Only in this way have they the chance to respond to the wide variety of children placed in emergency. Second, the issues for which research has sought to find rules of thumb (ethnicity, placement and so on) are important. There is a moral presumption in favour of placing siblings together and minority ethnic children with minority ethnic parents. This is not in contradiction with the need to make judgements in individual cases.

5.7. Social workers

Social work tasks in foster care are usually divided between a social worker who acts as key worker for the child, and a social worker (commonly described as a link worker or family placement worker)

who is part of a specialist foster team with responsibility for working with the foster carers. The role of social workers in foster care is pivotal:

- in making professional judgements about the management of the placement (for example, legal status, type of provider and placement, matching, contact with birth families, return home or other moves in care);
- in recruiting and providing support and advice to foster carers.

The effect of much of this activity is therefore implicit in other outcome measures, for example, on the impact on a placement of terminating contact, and in itself difficult to measure. Ward and Skuse, in the study discussed earlier[70] suggest that the picture of instability which emerges in many of the case records that they looked at is attributable in part to the lack of social work continuity. A prospective study of nearly 70 young people entering foster care suggested lack of support from the young people's social workers was related to poorer placement outcomes, and that the opposite was also true: there were significantly more successful placements when social work support was good[236,250]. In contrast, the only longitudinal study located which attempted to evaluate the impact of social work support on placement outcomes was unable to show that support makes successful placements more likely[12]. However, these studies are consistent with others[15,116,228,251,252] in showing that the social work relationship can be valued, and argue that support is crucial both morally and to affect recruitment and retention. Two studies identified perceived lack of support from social workers as a major source of foster carer dissatisfaction[253,254] and another reported that over half of the carers who had thought of giving up fostering commented that their dissatisfaction was bound up with social services departments or with individual social workers[255]. Triseliotis and his colleagues[256] report similar findings from their large-scale study in Scotland. However, this needs to be balanced against the, on the whole, favourable reports by foster carers of their relationship with social workers, particularly the family placement workers[256,257]. Just over half (55%) the foster carers in the latter study gave the maximum rating for support to their family placement worker, with only family gaining as many high ratings as the family placement worker[257]. Farmer and her colleagues found that placements disrupted more often when social workers had given inadequate information or not been open with carers about the extent of the young people's

difficulties. Carers could cope with very difficult behaviour provided they knew what they were taking on, the difficulties were not downplayed, and social workers responded to their requests for help[236].

Sinclair and his colleagues conclude that the key to successful foster care lies in recruiting, training and supporting good foster carers. Social workers need skills in managing contact with birth families, in discussing with children what they really want, and in intervening when the foster carer and the child start to get the worst out of each other[121,257]. They should treat disrupted placements seriously and caringly, engage with carers who are struggling to manage challenging behaviour or difficult birth families and resist the tendency towards 'splitting' when allegations are made – that is, not treat the 'accused' as if he or she were automatically guilty.

Recent government policies, discussed earlier, have underlined the need for social workers to work with children in foster care, and have highlighted good practice in terms of 'direct' (that is, face-to-face work) with the child. There is a rich literature offering practical advice on communicating with children, and evidence from the views of children and young people that they can value the relationship with their key worker. There is some slight evidence that life story work undertaken with foster children can have a positive impact on outcomes[33,123], so this may be one area where further training and intervention could lead to improved outcomes.

Fisher et al[257], in their study of 596 foster placements, found that foster carers valued social workers who are reliable, easy to get hold of, efficient in chasing payments and complaints, responsive to the family's needs and circumstances, and attend to the individual child's needs and interests and involve the foster carers where appropriate. They found that where face-to-face support was not possible, foster carers were satisfied with regular telephone contact. *(These views gained almost unanimous support from the foster carers in our consultation groups.)*

5.8. So what makes a difference in foster care?

There is evidence of substantial differences between the different types of provider in terms of the support available for carers. Nevertheless there is as yet no firm evidence that one type of provider is more effective than another. Evidence from the US and, less conclusively, the UK, does suggest that coherent and intensive schemes can affect results. These schemes typically emphasise the approaches which other evidence suggest are likely to be useful. These include the selection and support of 'good' carers, attention to the children's adjustment to school, attention to contacts with birth families, and, in one scheme, efforts to train birth families in the same principles as are applied in the specialised foster care. In general most children want contact, they have a right to it and this presumption should remain. However, it is now seen as more problematic than hitherto, and is an area for thoughtful proactive professional social work.

6

Implications for organisation and practice

What can social services do to improve the quality of foster care services? There are three strands of evidence to be considered. These are:

- the evidence there may be on the effects of different ways of organising services;
- the evidence on recruiting and supporting foster carers – as we have seen a crucial element in the service;
- the evidence on systems for listening and responding to children's views;
- the principles that may be deduced from the evidence cited above.

6.1. Organisational structures in England and Wales

The evidence on the relative merits of different structures for delivering services remains equivocal[245]. Earlier studies[11,105,258] have found no clear links between the structural arrangements for foster care, instead concluding that it was essentially differences in policies and practices (for example, in recruitment and support) which produced varying outcomes between different authorities.

The most recent English study of organisational arrangements[4] covered 97 out of the 107 English local authorities, and found that in most authorities the fostering services had their own distinct team structures with their own line managements. This report highlights the rapid adoption of the purchaser/provider model of service as a key organisational change of the 1990s, with a substantial minority operating their children's services on this model, and several others organising their services along a commissioner/assessor and provider lines, without following a full purchaser/provider model. Six authorities reported that they were contemplating such a system, and one authority that it had already been adopted and abandoned.

The organisational arrangement which caused most problems was where the budget for buying individual placements was held by the

purchasers, that is, the fieldwork service with case responsibility for the child. In such cases the service was considered to be less responsive to foster carers' needs, for example, in terms of managing payments that were often late or incorrect (p 70[4]). Some of the restructured authorities reported "relationship difficulties arising from the implementation of purchaser/provider systems" (p 78[4]). The report notes, however, that despite the generally negative reactions to them, purchaser/provider systems for handling the budget did appear to bring somewhat greater flexibility and budget awareness. A more recent review of the restructuring of the out-of-home care children's service in South Australia[259] reports difficulties mainly arising from the preferred model of contracting out an entire statutory service to a few providers, and to limiting tendering to the not-for-profit sector. The study does not, however, provide empirical evidence on the outcomes of the restructuring.

Analysis of (pre-local government reorganisation) foster care service delivery systems in Wales[260,261] revealed significant variation in structure and ethos, but in a context of broadly shared policy and procedures across the country. No obvious associations appeared to exist between systems of foster care delivery (for example, team structure, centralised–decentralised, balance of specialist–general foster care) and reported satisfaction with, for example, recruitment and retention of carers and stability of placements. No systematic mechanism appeared to exist whereby information about 'what works' is disseminated and incorporated into practice by departments. Respondents identified a need for systematic and regular electronic briefings from reliable sources that would also include international material.

The most recent survey of provider opinion in 21 out of the 22 Welsh authorities noted that very few (two) authorities and national voluntary initiatives (two) reported any independent evaluation of service intervention in respect of outcomes around placement stability involving foster care[262]. Nevertheless, the survey reported a surprising degree of unanimity about key service elements likely to promote effective outcomes in relation to stability and continuity of placements[262]. Features thought likely to generate placement stability outcomes in fostering include:

- re-structured services around specialist LAC teams;
- respite and targeted support;
- high quality assessment and planning;
- retention of experienced carers;

- specific liaison and provision linked to education and to CAMHS.

Unsurprisingly, those aspects of the service considered likely to impede effective intervention were cast as: difficulties over recruitment and retention of social workers and carers; delayed access to CAMHS; delayed action to remedy needs of children excluded from school or with special education needs; poor access to specialist therapeutic schemes; mixed caseload teams; poor concurrent planning.

A small minority of respondents looked to more radical integration of services as a way to generate better outcomes.

6.2. Foster families

The quality of foster care will in part depend on the number and quality of the carers recruited and retained. This will affect the ability to match child to placement and the quality of the care then provided. In addition foster carers are key stakeholders in foster care and their satisfaction with it is a relevant outcome. What is known about their characteristics, about how they can be recruited, about what they want and need by way of support, and about their effects on placement outcomes?

6.3. Who are the carers?

The number and social characteristics of foster carers have remained surprisingly constant over the years[24,123,245,263]. Generally the profile of carers is more 'traditional' than might have been expected from what is known about families with fewer lone carers, fewer working women and fewer families with children under the age of five. This is the case for both local authority and independent agencies. Of the 1,819 fostering households in the national survey of IFAs[206] 1,416 were couples, of whom 1,268 were married. Only 134 were unmarried partners and a mere 13 couples were of the same sex. The majority of IFA foster carers, 82% in the survey, are white. There are, however, considerable variations between and within authorities in the characteristics of carers. For example, over half the carers in Waterhouse and Brocklesby's study[244] were single carers. The proportions of black and Asian carers in Sinclair

and colleagues' study[123] varied from 0% in one authority to 75% in another.

Since authorities have been urged to diversify their sources of recruitment, the general stability of the fostering profile, despite efforts to recruit more widely, suggests that it may be the requirements of fostering – in particular the difficulty of combining it with work – rather than the conservatism of recruiters that limits the market for foster care. Widening the market might thus require changing the relationship of foster care to work – treating it as work by increasing the remuneration or assisting carers to take outside work (for example, through after-school schemes). At the same time the success of schemes targeted particularly at black carers suggests that special measures designed to increase particularly kinds of carer can be successful[88]. The IFAs have taken the lead here and have attracted men to foster, in most cases alongside their wives, because fees can equate with wages. Apart from increasing the supply of foster carers in a demand-led market "male foster carers can provide positive and compensatory care to children whose experience of men has been distorted by harmful events, as well as positive support to their (usually) female foster carers partners" (p 113[206]).

A recent survey of Welsh providers[262] noted that several local authorities reported difficulties in recruiting sufficient Welsh-speaking carers. The same survey also noted that several areas in Wales with small minority ethnic communities were unable (or would be unable if requested) to offer suitable matching for children from such communities. This was considered particularly evident in a small number of Welsh authorities where there had been an unanticipated demand in respect of children who were unaccompanied by asylum seekers. Most authorities did not generate aggregate figures on the ethnic origin of children looked after.

6.4. How can more carers be recruited?

> "My link worker hassles all my friends every time she sees them – 'are you sure you don't want to have a go at fostering?'. That's what she always says!"
> *(foster carer in consultation group)*

Evidence on recruitment suggests that:

- targeted schemes (that is, of particular neighbourhoods or categories such as single, black women) are associated with successful recruitment[81,88];
- the ratio of recruited carers to initial enquiries is low; agencies need to respond to potential carers in an efficient and business-like way to maximise the proportion of firm applications[2,81];
- retention is associated with clear honest information during the recruitment process[81,88,245];
- local advertising and, particularly, word of mouth, are the most effective recruiting agents with national campaigns probably less cost-effective[2,245];
- higher levels of payment probably influence levels of recruitment[4,252];
- high need for foster carers is associated with a lower supply, a problem to which authorities may respond by increasing the levels of payment[24].

> "I think if you did it for the money, you'd give up! You can do jobs where you go back home, and leave it behind. But this, you've got it there 24 hours a day."
>
> "But then, would we do it without the money?"
>
> "We might not do it for the money, but I wouldn't do it without the money [laughs]".
> *(two foster carers in consultation group)*

Foster carers in a Scottish study considered that they should be more involved in recruitment campaigns, and that this would help bridge "the

credibility gap between social workers and the public, and better address some of the misconceptions and stereotypes about fostering" (p 65[245]). Similarly, an American study also recommended involving experienced foster carers in the recruitment process at an early stage[264].

> "When we were first looking at foster caring, we went to the initial evening, but there was no foster carers to go to the group, you know. So we got to talk to social workers, but that wasn't quite right. You wanted to get to the nitty-gritty, and the people in the firing line, and ask them all the questions."
> *(foster carer in consultation group)*

6.5. How can more carers be retained?

Loss of carers to the system seems to be quite low – 10% a year or less[123,245] and the IFAs report that five times as many foster carers join as leave them[206]. This probably reflects the high level of commitment which carers have to their foster children and the fulfilment they generally get from caring.

> "It's just so fulfilling, so rewarding ... it's a job that is really satisfying."
> *(foster carer in consultation group)*

Despite this, support is crucial in certain respects: to affect retention, as a moral imperative given the demands on carers, and because satisfied carers are likely to recruit new ones[245]. It may be particularly important for the local authority sector that may lose ill-supported carers to the independent one.

> "An American study comparing foster parents [sic] who quit, consider quitting and continue to foster found that those with a foster parent mentor or 'buddy' who can be called for advice were more likely to have continued to foster"[252].

Sellick and Thoburn report the introduction of similar schemes in the UK, with some authorities "approving a relative, often a female foster carer's mother or sister, to provide them with a respite service" (p 23[2]).

The American study concludes that carers who are considering quitting will benefit from improved family worker communication; increased auxiliary care services (for example, day care); training on boundary ambiguity, loss, working with birth parents and children's problem behaviours; assessing anticipated service needs; and encouraging the use of peer mentors.

Reasons for leaving foster care seem to include:

- Dissatisfaction with levels of support and a failure to treat them as full members of a team. Dissatisfaction focuses particularly on inadequate information on foster children, poor support out of hours, lack of relief breaks, inadequate support from social workers, and inefficient handling of practical matters (for example, repayment for costs of fostering)[265].
- 'Events' including allegations[122], disputes with the local authority, stressful incidents with birth families, and breakdowns. The latter in particular lead to breakdowns since they enhance the motivation to leave while reducing the obligation to existing foster children[121].

"You often get a social worker that you can ring up, and you've perhaps got quite a big problem, and you perhaps don't get a return call for quite a few days after, and that's very annoying."

"The worst [thing about fostering] that springs to mind definitely are social workers … it's as if we're not accepted as professionals, we're not colleagues. We are when they want us to be, but not generally. So if they want to set a meeting, they will set the meeting date and time and then they will tell you that's when it is. There's no, 'oh if you can't make it we'll change it' – it's 'if you can't make it it's tough'."

"The ideal placement would be where they come in and say 'by the way, I've put in for the full clothing grant [for the child] because you feel awful having to ask for it.... I think sometimes the social workers, it's the way they look at you as if – 'oh what on earth do you want money for?' So a good placement is when you have a social worker that understands that and you don't have to battle for it."
(comments from three carers in consultation group)

By contrast retention is enhanced by:

- frequent contact with fostering social workers;
- higher than average levels of pay, combined with the availability of above average levels of training and the opportunity for supportive contact with other foster carers individually or in groups[123,215,251,252,258,260,261].

"If prospective foster carers could meet ... with more than just a couple of people ... they can see that we actually support each other ... I think if new people coming in realise that they don't have to do it by themselves, because foster carers talk to each other, that is helpful."
(foster carer in consultation group)

Foster carers assess social workers partly in terms of the work they do with foster children. They also want workers who treat carers as important partners in a shared endeavour. This means good information on children, regular and supportive contact with the child's social worker and family placement social worker, opportunities to take part in training and foster carer groups, the chance to take breaks from difficult children, efficient support out of working hours, and efficient handling of the 'hassles' of foster care (for example, problems over taking children to school)[151,266].

The concurrent SCIE review of innovative fostering practice[207] has come across many examples of local authorities and independent fostering agencies consulting foster carers. These take place when

foster carer representatives meet with senior managers and members to discuss policy and practice matters, complete questionnaires and take part in exit interviews. One local authority has a 'back to the shop floor' approach where senior managers spend time alongside social workers and foster carers. Several IFAs have foster carers as members of executive committees or Boards of Directors. Many of these activities are fairly recent and we are not aware of any published accounts of their effectiveness.

6.6. The foster carers' birth children

One group of children who are seen as playing a significant role in the success or otherwise of placements is that of the foster carers' own children[180]. A number of studies[267-70] report children and young people's positive and negative feelings about the experience, with one study suggesting that foster carers may minimise the concerns of their own children, including their anxieties over whether, if a foster child moves on, the same may happen to them[271]. A recent study, which included the children of carers working for an IFA, reported findings from 116 completed questionnaires (out of 423 distributed). The children showed altruism, care and sensitivity about the needs of the foster children, but also highlighted difficulties about sharing, both their parents' time and attention, and also their own personal and private things, and concerns about being excluded particularly by social workers. The researchers comment that the psychological and emotional needs of foster carers' own children should be given greater recognition; they should be included more in the recruitment process, be provided with additional support if necessary, consulted at reviews, and in general have their views and what they can contribute to the foster child recognised[272].

"That's what Lynsey's like. She will sometimes say 'God Mother'! Because like, we've got four under eight, and you know, sometimes she's really ... she's studying for her GCSEs, and she gets really uptight about it, you know. But she doesn't mean it. I'll say 'right, they can go', you know 'they can go'. And she'll say 'oh no, no, they'll be alright'. And the next minute she's outside playing with them when she should be studying!"
(foster carer in consultation group)

6.7. How can carers be recruited and retained?

An adequate system for *recruiting*, *training* and *supporting foster carers* is likely to include:

- a rapid response to enquiries;
- using foster carers in recruitment and training;
- making use of word of mouth and features in local papers for recruitment;
- dealing efficiently with administrative and payment issues;
- providing a response to allegations and breakdowns which is rapid and recognises the individual needs of child and carer;
- developing policies on the financial and other support of relative carers and ensuring that it is provided;
- providing specialist training and intensive support (including out of hours support) for treatment/specialist foster care, and ensuring all parties are trained in the approach.

6.8. Systems for listening to the views of children

The importance of ensuring adequate systems for listening to looked after children as a means of ensuring children's safety from abuse as well as their more general well-being has been urged in official guidance and reports[101,273,274]. There is evidence of increased attention to developing such systems, but problems similar to those described above, for example in consulting younger children, are reported[275]. A review[276] of independent and local authority advocacy services for children in Wales commissioned by the Social Services Inspectorate for Wales revealed considerable variation in the range and adequacy of mechanisms by which local authorities sought to engage with looked after children. Contrasting (and conflicting) approaches to listening to and promoting the voice of children in the care system were noted. For example, some schemes would offer full confidentiality to children and young people; by contrast some schemes would reserve the right to disclose to others serious matters relating to risk or harm. The concurrent SCIE review of innovative fostering practices[207] found systems in place across local authorities which encourage looked after children to make their views

known through group membership questionnaires, video recordings and e-mail and Intranet facilities. In one local authority a review of outcomes was conducted by young people to gauge whether an earlier working party had taken appropriate action (Norfolk County Council, 2001[207]).

One study found that most young people (67%) and a small majority of foster carers (55%) believed social services managers to be well informed about the views of young people. Managers expressed commitment to listening to views, but in practice the study found a strong tendency for their views to remain within the core triangle of support (that is, young person, foster carer and social worker). The study suggested a need for children to have ways other than through foster carers for exercising influence. Avenues do exist but were not being used. Regular meetings, consultation events training events and support groups attended by senior managers were indicated[178].

7

Principles behind service provision

There is a great deal of evidence on foster care. In general this seems consistent with what is known from the literature on resilience. It suggests that foster children should do well if:

- they have at least one close tie with a committed adult;
- they are happy and involved at school;
- they have an opportunity to break away from their background in certain respects.

In keeping with these points children do better in foster care if they have involved, caring foster carers, are themselves happy at school and – probably – are protected from contacts with family that might damage them. Moreover the evidence suggests that foster care is not necessarily a poor option for foster children. Often it is both valued and as far as research has been able to assess valuable.

The strengths of foster care need to be balanced against its difficulties. These include:

- the difficult temperaments and histories of the children which may make it difficult for them to trust foster carers or settle with them;
- their lack of educational achievement which commonly antedates foster care;
- the lack of evidence that specific forms of training can, on their own, improve outcomes;
- the potentially difficult relationship between foster family and birth family. In certain circumstances contact with certain family members may threaten a placement;
- what happens after foster care – foster care rarely lasts into adult life. Returns to birth family and movements to independent living are often very problematic for the former foster children.

A logical approach to improving foster care would build on the strengths and tackle these difficulties.

Additional constraints on foster care arise from the difficult temperaments and histories of the children and the potentially difficult relationship between foster family and birth family. These can hinder the formation of close relationships and involvement in school. So foster families need to be able to deal with difficult behaviour and with birth families. Evidence from the studies of training suggests that it is not sufficient simply to train foster carers. The system as a whole has to support their approach. If foster carers have to apply principles from social learning and attachment theory, social workers need to be trained in the same approach. If foster carers are to encourage attendance at school, the system must encourage this through social work, the use of educational psychology and so on.

A second approach to improving foster care is to listen to the views of children. As we have seen, they do not all want the same things. Nevertheless there are some common elements in what they want and they naturally have a strong wish to have their views taken into account.

A study of nearly 600 foster placements suggests that the kind of care children and young people want is likely to involve, at the least, clear and flexible individual planning which promotes children's individuality and choices (for example, providing support when the young person and foster carers wish the young person to remain as part of the household after the age of 18); allowing children to remain in placements they have 'chosen'; moving children from placements where they are unhappy, even if such moves are discouraged by performance indicators); and policies and practice which recognize the importance of birth families to children, but that contact can be stressful or damaging as well as desirable[72].

In theory it would be possible for principles based on children's views and those based on other kinds of outcome research to conflict. In practice we think the two reinforce each. Taken together they do suggest pointers for good practice that could guide local authorities in all aspects of providing a foster care service. These include:

1. *Systematic policies and practice* which ensure viable ways of *getting feedback from children*, *birth families*, *foster carers and social workers*, and the means of responding to and acting on their concerns where appropriate.
2. *Varied and flexible provision which would enable secure long-lasting foster carers and when appropriate return home:*
   - supporting a more determined form of 'quasi-adoptive' foster care with children enabled to stay beyond the age of 18 for as long as they want;
   - providing a determined link between foster care and family
     - either through therapeutic foster care which included the ability to train parents in the relevant approach or
     - through support foster care where the foster carers are seen as a support to the entire family;
   - providing intensive home support which would include as a minimum introducing the factors known to encourage resilience – the offer of a close relationship (for example, with a school counsellor), intensive support at school, and the offer of chances to try out life in other settings.
3. *Providing adequate placement choice and planning*, in line with the above. This includes the need to provide a full range of placements, and to use the provision flexibly and back it with proper assessment and support. A successful service will include:
   - placements which presume in favour of placements with siblings and ethnic matching, but offer flexibility in light of children's needs and professional judgements;
   - accurate information on the child for carers;
   - recognition that although there should be a moral presumption against movement, some moves are more serious than others, not all moves are harmful and some children may want to be moved;
   - plans which recognise that birth families play a key role in children's lives, and that although children generally want to see more of their families, this is not always true, and that some contacts are damaging, and others although desirable can be stressful.
4. *Addressing children's needs in foster care.* This is likely to involve paying close attention to the areas of education, behaviour and the child's understanding of her/his history. Such evidence as exists suggests that coherent 'schemes' do better in this respect than 'ordinary foster care'. So the approach is likely to include:

- interventions which focus on the links between school and foster placement, and which deal in detail with educational aspirations;
- additional help with emotional and behavioural problems, for example, contact with an educational psychologist, life story work; training for foster carers in the principles – probably derived from learning and attachment theory – which should underpin their approach to children;
- a coherent approach so that social workers and others operate according to the same principles and support the carers' approach.

These principles would need to be applied in all aspects of a social services operation – the way social workers and foster carers are trained, the kinds of foster care provided, the way resources are used, the approach to the need to remove children or otherwise, relationships with education and health, performance measures, and measures for listening to children. The proposals are reasonable in the light of the evidence and have some basis in research. There are other areas, such as the current belief in the efficacy of organisation structure and restructuring, for which we have identified no evidence at all.

In conclusion, as we indicated at the outset, we have not in the time available been able systematically to review all the research into outcomes in foster care. In some areas (those, for example, which are largely descriptive and factual) this is, we judge, unlikely to make a substantive difference to decisions about what happens to the children concerned. In others, however, research findings may have a crucial influence on legal, policy and practice responses. These require further review.

One such example is contact, where beliefs concerning research evidence of its benign or deleterious effects may guide judgements about maintaining or terminating contacts between birth families and their looked after children. Our trawl of the literature to date in relation to contact suggests potential contradictions or uncertainties in the evidence. Some of these will stem from the difficulties in comparing cohorts or from changes in policies over time and so on. In the time available, we have not been able to consider systematically the methodology and findings of the studies identified, in such a way as either to enable us to resolve these dilemmas, or to identify where further research is needed. Areas where we judge this to be true to a greater or lesser extent are:

- friends and family versus stranger foster care;
- contact;
- matching;
- adoption, long-term foster care and increasing permanence in foster care;
- return home/reunification.

The potential for existing research to produce definitive answers to these topics will vary – for example, as we suggest above, issues around matching are highly complex and the processes involved subtle; those concerning reunification are multifaceted and the topic would probably need to be broken down to be considered. In others, however, systematic reviews of the relevant literature would enable researchers to evaluate and report the findings with more confidence, and in a way which should provide clearer guidance to policy makers and practitioners alike.

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APPENDIX 1:

Our approach to the research literature

We commissioned the NHS Centre for Research and Dissemination (University of York) to conduct a literature search of relevant databases. This search updated a series of literature searches conducted in 2000 and based on literature from 1995 to 2000 already available to us as a result of our previous work on foster care.

The search strategy was based on a list of key words that we had generated relating to foster care and outcomes, and was specifically concerned with publications added to the following databases after May 2000.

- Caredata
- ASSIA
- PsycINFO
- Sociological Abstracts
- British Library Catalogue

The literature search generated over 2,000 abstracts and references and a vast amount of reading material. Some of the 'hits' were replicated in different databases, and many were not relevant to our review. However, where references or abstracts did sound relevant, we obtained copies of the full articles not already in our possession through the University of Nottingham library. It was still not possible for us to evaluate fully all of the relevant material in the time available. Inevitably we had to make choices about the research to be read and included in this report, and we devised some basic guidelines to help us do so.

At least one of the following criteria had to be met in order for us to select a particular study for inclusion in our report:

- based on empirical research (as opposed to being a 'think-piece') that appeared to have been gathered and reported systematically;
- reflect user views (for example, giving due consideration to the perspectives of children and young people, foster carers, birth families, social workers and others);

- specifically concerned with outcomes associated with foster care: how outcomes may differ within foster care and how outcomes might be improved in the future;
- comparisons between foster care and alternatives types of provision, such as residential care and adoption.

With the exception of the British Library Catalogue, our literature search of the databases listed above highlighted journal abstracts in the main, and books only rarely. In order to ensure that we had not missed any relevant publications, we opted to do a five-year search of book reviews published in key journals.

We identified the following four key journals in the field of social care, and searched them for reviews of books on foster care published between 1998 and 2003.

- *Adoption and Fostering*
- *British Journal of Social Work*
- *Child and Family Social Work*
- *Children and Society*

Books not picked up in the initial database search or already in the researchers' possession, and which adhered to the basic guidelines above for inclusion in our report, were ordered on inter-library loan. From these various searches a total of 286 useable references were identified.

After selecting relevant research for inclusion in our report, a final strategy that we adopted was to set up consultations with user groups – specifically foster carers and young people in foster care. The purpose of these groups was to explore further some of the main research findings that we had identified in the literature, in order to deepen our understanding of the issues and also to consider whether the findings fitted with current user perspectives.

Three consultation groups were set up in three different local authorities. They ranged between 1 and 3 hours in length. Two of the consultations were conducted with foster carer support groups, and one with a young people's group. The groups were accessed through personal contacts and with the help of local social services departments.

With the permission of those participating in the consultation groups, we tape-recorded our discussions. These tapes were subsequently fully transcribed. Issues of confidentiality were addressed prior to each

discussion, and it was also made clear that participants would remain anonymous in any presentation of extracts taken from the groups. All those participating in the consultation groups later received a voucher or cash as a token of our appreciation for their time.

We have only had space to present short extracts from these focus groups in our report. However, it is worth commenting how valuable we found our discussions with user groups. Listening to the experiences of those with first-hand experience of providing or receiving foster care, only served to reinforce how critically important efforts to improve the foster care system actually are.

APPENDIX 2:

The different organisational sectors in British foster care within an international context

Foster care in Britain has traditionally been identified with the public or state sector and in a more limited way to the established voluntary childcare sector. The recent emergence and expansion of the non-governmental independent fostering sector in the UK (although this is still largely restricted to England) has occurred much later than elsewhere in the world. In his summary of foster care in an international context, Sellick found that one of the few issues that united fostering practice in very diverse countries was the widespread use of non-governmental organisations both religious and secular, voluntary and private to provide care for children who are separated from their families. This is as true for developed countries such as Australia, Canada and the US with sophisticated fostering systems as it is for developing countries in sub-Saharan Africa and Eastern Europe where there is no effective public child welfare sector[205].

The many accounts of child welfare, including fostering, practice in western Europe[277-80] illustrate that although the state usually plays a significant role in the design and delivery of foster care in these countries it does so alongside charities, churches and voluntary organisations. In southern European countries and Ireland, for example, one commentator refers to the provision of social work and child placement services for children "under the rubric of Catholic corporatism" (p 66[281]). In France, although only around 50% of children in care are fostered, 15% of fostering agencies are in the private sector[282]. An effect and sometimes a strength of the non-state sector has meant that voluntary and private organisations have influenced events as stakeholders. For example, most continental European countries have not followed Britain's widespread closure of children's residential centres[283] and have not experienced the same difficulties in the supply of foster carers. These countries have also largely avoided the "highly managed environment" of state sector social work in Britain where social workers are constrained by "specific

timetables of assessment, to assess situations under specified headings and to follow the correct procedures" (p 215[280,284]).

During the 1980s in a political era in Britain that emphasised the importance of the market in providing social care services for adults, many private and voluntary sector agencies replaced the public sector[285]. The same imperatives were not imposed in respect of children's services. However, many IFAs were set up at this time, often by former local authority social workers and managers and foster carers[206]. Many more were established in the mid-1990s and were perfectly placed to respond to a new political era after 1997. This stressed the need for a 'Third Way' or a welfare mix between the public, private and not for profit sectors, "often described in terms of state, market and civil society" (p 154[286]). Other commentators refer to the mix between "state monopoly welfare and private market provision" (p 125[287]) in which the new IFAs comfortably lodged themselves. Eighty per cent had registered as not-for-profit voluntary organisations or charities by the time of a recent national survey. These agencies are now widespread, so, according to the authors of this survey, there are almost as many IFAs in England as there are local authorities[204]. They are also being officially welcomed. In announcing a government review of fostering and placement choice the relevant minister spoke of the importance of "helping councils commission and deliver effective placements and the contribution of the independent fostering agencies"[288].

The traditional voluntary sector has remained an independent force in child welfare in Britain. In the field of adoption, for example, voluntary agencies were the major players for many years and local authorities were not required by law to become adoption agencies until 1975[289]. Organisations whose roots lay in different Christian denominations such as Barnardo's and the Children's Society continue to pioneer family placement including fostering activities. As we can see from a concurrent review commissioned by SCIE[207] some of these voluntary organisations have continued to develop innovative fostering practices in foster carer recruitment and placement procurement with the newer independent fostering sector as well as local authorities. Their place is much less prominent or dominant than elsewhere where "large NGOs are major providers of social welfare throughout the world" (p 155[286]), including English-speaking Commonwealth countries where social policy commentators in New Zealand[290] and Australia[291] describe the extent

and impact of the transfer of social welfare provision from the government to the non-governmental sector. In the US and Canada the non-governmental sector has been at the forefront of specialist or treatment foster care programmes. Walker et al[17] helpfully summarise the research that has evaluated and analysed these developments for young offenders and other young people with significant behavioural problems in North America. Outcomes for these young people in terms of behaviour change, placement stability, less offending and overall problem reduction are generally positive.

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Clive Sellick and Darren Howell

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