

International Network Foster Care Research

1st International Network Conference

21-23, June 2007
University of Siegen

Prof. Dr. Ian Sinclair:
British Research on Foster Care:
A note



British Research on Foster Care: A note

By Ian Sinclair

Introduction

In the United Kingdom children who are looked after away from home by the state are commonly said to be 'in care'. Foster care is the most common way of dealing with these children. This note discusses the British research that has been done on foster care and foster children. There is neither space nor time for a systematic review of this research. The aim is rather to give a sense of the topics covered and the present position on them, along with enough of the background to make these issues comprehensible.

In practice most of the British research on fostering is funded for by the government. It addresses questions that are of interest to those making and implementing policy. In particular it asks:

- What is the role of foster care? (For example, how many children does it serve and for how long and with what purpose?)
- What do children want from it?
- How does it compare with other possible provision such as adoption or residential care?
- What determines how placements go? (For example, what makes a difference to the outcomes achieved by a placement and whether it lasts?)
- What are the long-term outcomes?
- What is needed in order to recruit an adequate number of foster carers (the name commonly used for foster placements), support them properly and retain them?

This note is organised around these questions. It says little about methodology. In general this is 'observational' rather than 'experimental'. There have been three studies of training that have used a randomised control design and there is one current study of 'intensive foster care' that is seeking to use this approach. The great majority of studies, however, have used interviews and outcome measures in the context of a cross-sectional or follow-up design with statistical controls.

The limited range of research designs and the small amount of research in the area means that the conclusions to the research often rely on the balance of probabilities. Very few conclusions can be considered certain. Participants who wanted to explore particular issues further will need to start with the three publications listed at the end. These in turn list numerous other sources which provide the original material.

What is the role of foster care?

Descriptions of foster care are normally provided within the context of more general studies of the 'Care System'. Different parts of the UK have different systems for providing 'Care' with the most important differences being between England and

Scotland. Numerically the English system is the most important and is the focus of this note.

The English system has its origins in systems designed to deal with destitution, juvenile crime, and child abuse. Over time these systems were brought together and for a while Care System dealt with children who were removed from their homes for any reason. Some of these children were placed because of legal orders made by the courts while others were 'voluntarily accommodated'.

At present the care system is very heavily concentrated on children of all ages who are at risk of serious emotional, physical or sexual abuse or of neglect. It also caters for some teenage children whose family relationships are full of conflict and who are often, in addition, in trouble with the law and at school. Other children have difficulties arising from the disabilities or psychiatric status of their parents or the stress on their families. In these cases, however, it is the standard of care they receive rather than the parental difficulties in themselves that lead to admission. These reasons are therefore also associated with abuse, neglect or relationship breakdown. In addition about one in 12 new entrants are unaccompanied children seeking asylum. A very small number (about 2%) are first looked after primarily for reasons of disability.

Many of the children who enter the care system return home quickly – just under half leave within a year of arrival. After this children may leave for adoption if they are young or to live independently when they reach 18. With these exceptions the chance of leaving the system in any one year is low (about 5%). Around three quarters of the children who are in the care system at any one point in time have already been there for a year or more.

Within this context foster care plays as Dr Biehal has described three main roles (usually described as *Short-term foster care*, *Intermediate foster care* and *Long-term foster care*). As she has said there are also a number of specialised forms of foster care such as 'remand fostering' that holds children waiting to appear at court or foster care.

In general there is no research on these rarer forms of foster care. An exception to this rule is provided by 'shared foster care'. This is a form of family support whereby the same family provides regular short-term care (e.g. at weekends) to the same foster children. This form of care was developed for children with disabilities. It is, however, being extended to children with other problems. The only research on this new development has shown that it is popular with parents – commonly lone parents who see it as a chance to get on with their lives. The children were somewhat more ambivalent. In the view of the researchers this form of foster care had an important contribution to make but had to be combined with other forms of family support.

With this exception research has concentrated on the three main forms of foster care and particularly on long-term foster care – the form that serves most of the children in the care system at any one time.

What do foster children want?

Some people say, 'Yeah, but that sort of thing goes on in all families' and I'm like, 'Well, how am I supposed to know that?' I mean I've been in care ten years, and it's just not like not a normal family do you know what I mean...it's foster mum and dad and foster kids. It's not normal at all. (Foster child)

I love where I am because they are like my real family. I love them with all my heart. (Foster child)

[Foster care] is lots of moving about – different sets of rules, never knew where I stood...no control over my life – everyone making decisions without me. (Foster child)

If it had not been for my foster carers I would not have passed my GCSEs, gone to college and achieved a GNVQ in social care... (Foster child)

Foster children differ in ages, gender and ethnicity. They have differing histories, personalities, and abilities. Unsurprisingly, different foster children have different wants. Despite these differences all foster children face some common issues. They are not living with their families. They are in somebody else's house and are expected to abide by their rules. Their future is not secure: they can be moved against their wishes and their expectations. Their lives are encompassed with regulations. Their friends are unlikely to see their situation as 'normal'.

Against this background the studies suggest that children have five main requirements:

1. *Normality.* Children want fostering to be as 'normal' as possible. They do not want their status to 'single them out'.
2. *Family care.* Children want to feel that they belong in their foster home, that they are treated the same as other children in their home and, ideally, that they are loved, listened to and encouraged. They resent harsh or inconsistent discipline, and any feeling that their foster carers are 'just doing it for the money'. They value treats, opportunities for their hobbies and, in most cases, a room of their own.
3. *Respect for their origins.* Children do not want a conflict of loyalty between their foster carer and their family. They have differing views about how far they want to belong to their own family or to their foster family and about which members of their family they wish to see. They want these views respected.
4. *Control.* Foster children want some control over their lives. They have differing 'wants' (For example some want to be with other children, some like houses in which there are babies, some want to be with their siblings, and so on). They want social workers to be aware of their feelings on these matters and to take action accordingly. They do not like situations in which it is not clear what plans there are for them or in which they are moved suddenly and with little notice.
5. *Opportunity.* There is no evidence that foster children differ from others in what they want for their futures. Success at school, a good job, a happy family and children are all common aspirations. Carers are praised not only for providing a family environment and making the children feel valued but also for offering opportunities and enabling skills.

Comparing Foster Care: Returning Home

Decisions over whether children should return home are usually taken soon after a child arrives 'in care'. In my view there is no solid British research on the comparative benefits of returning home early or remaining in the care system. There is, however, some research that compares remaining in care (generally foster care) and returning home after some time.

Children who do not go home quickly are typically more 'vulnerable' than those who do. So they are more likely to be young, removed for reasons of abuse or neglect, and disabled. Comparisons have been made between those in this group who have returned home at some point and those who have not. These suggest that those who do not return are safer (less likely to be abused), and may benefit in terms of health, 'mental health' and behaviour. In these comparisons it is hard to ensure that like is being compared with like. However, it seems probable that those who do go home are returning to more satisfactory situations than would have been the case with the others. It therefore seems likely that the better outcomes for those who remain in care reflect 'cause and effect'.

Comparing Foster Care: Adoption

The UK does not have a tradition of inter-country adoption. Adoptions other than those of family members most commonly involve British children in care. The chance that such children will be adopted drops very rapidly with age. It is relatively high for children who enter the care system at birth and virtually nil for those who first enter over the age of five. Comparisons with foster care are therefore restricted to children who enter with these age groups.

The relevant comparison is with long-stay foster care. In practice, however, very long stay foster care is quite rarely on offer. Only a quarter of the children who enter the care system under the age of 11 and are still there at 17 are in placements of five years or more. A third are in placements that have lasted for less than a year.

Once again it is hard to be sure that like is being compared with like. In general, however, the comparisons suggest that while the children are being brought up there is often very little to distinguish the outcomes of genuine long-stay foster care and adoption. Where differences are found they seem to favour adoption and to relate in particular to the nature or strength of attachments. Adoptions by foster carers are, if anything, even more successful than stranger ones at the start of placement, but their frequency is reduced by reluctance on the part of some professionals to sanction them and by the reluctance of carers to lose financial and other supports. Moreover, their apparent advantages at the beginning become less apparent over time

Other comparisons also favour adoption. In comparison with adoptive parents long-term foster carers often feel hampered in acting as parents by the lack of a clear division of responsibility between themselves and social workers. They also complain of the expectation that young people start to move on between the ages of 16 and 18, seeing this practice as unsettling and unfair to the young people.

By contrast children themselves, once they are of an age to express an opinion, have very strong views on whether they wished to be adopted or fostered. Only a minority of foster children (about 10%) wanted to be adopted, almost always by their own carers..

Comparing Foster Care: Residential Care

Residential care is used comparatively rarely in England and then predominantly for adolescents whose behaviour is thought too challenging for foster care. This form of care provides just over a quarter (28%) of the days that children over 12 spend in the care system.

There are no conclusive comparisons between these foster care placements and residential care for adolescents. The evidence shows that residential care is typically very expensive. Very well supported foster care is capable of containing some very difficult adolescents without losing foster carers. This form of care is cheaper and in some ways more benign. There is as yet no evidence that it has better outcomes.

There are also experiments with 'Multi-dimensional Treatment Foster Care'. This model of care derives from Oregon and has the theoretical advantage that foster carers and parents are trained in the same behavioural approach. This should help to overcome the disadvantage that residential care has strong effects on the behaviour of young people in it but often little or no effect when they enter new environments on leaving. In practice, however, the English version of this model is very expensive. It thus tends to be reserved for children who are already costing a great deal and who often have no homes to which to return. The experiments are being evaluated but the results are not yet available.

Comparing Foster Care: 'Kin Care'

Some children are fostered with friends or relatives rather than with strangers. Such 'kin placements' make up just under a fifth of all foster placements, although there are wide variations in the extent of its use. Recently there have been a number of comparisons between foster care with kin and foster care with strangers.

These comparisons show that kin care is predominantly used for long-stay placements that are intended to last. From this point of view it has many advantages. It can build on existing relationships. It often allows children to stay in the same geographical area. It should be less threatening to a child's sense of belonging to a family, build on and strengthen a family's ability to offer care, reduce the child's trauma of moving to an unknown family and, perhaps, make it easier to keep siblings together.

Comparisons show that some of these advantages are real. Social workers do tend to see kin placements as more satisfactory than other apparently similar one. Children also recount many of the advantages listed above. The placements also last longer. The advantages, however, are not all one way. In comparison with stranger carers kin carers are poorer, less well-educated and more likely to have problems with housing. They are seen as providing placements of lower quality and it seems likely that their

lack of parenting skills is compensated by their greater commitment. In some cases these placements persist despite offering a very low standard of care.

In general kin foster carers put themselves forward for the job. It is not known if their commitment would be equally high if social workers were more proactive in recruiting them. There are in practice wide variations in the use of kin care between different local authorities. There is no evidence that authorities that make more use of this form of care do less well with it. This, however, would not necessarily be the case if the use of kin care approached the levels found in some US or Australian cities.

Explaining the Course of Foster Care: Children's Characteristics

Much research has focussed on the question of what makes individual foster placements go well or badly. Almost all this research has focussed on long-stay placements. The most common criterion for 'going well' has been 'absence of breakdown'. Other criteria have included the judgements of social workers and carers, and, less commonly, improvements in scores or ratings. In assessing the effect of particular factors on these outcomes some attempt is usually made to allow for differences between children. These differences are therefore a useful starting point.

The primary determinants of breakdown seem to be the children's age, their wishes, and their behaviour. Older children, children who do not want to be in the placement and children who show challenging behaviour are all less likely to have placements which last. There is also some evidence for an interaction. Behaviour and wishes become more important as determinants of outcome when the child is older.

Explaining the Course of Foster Care: Placement process

The course of placements may also be influenced by the way the placement is made. Those that are made in a rush, without adequate consultation with child or carer, and without the provision of full information to the carer are all more likely to disrupt. So too are those where the carer's preference (e.g. for a girl) are over-ridden. These findings do not necessarily represent cause and effect. For example, carers may well be more likely to complain of lack of information when a child proves to have more difficulties than they expected. However, it is generally held to be good practice to allow time for consultation with carers and children before placement. It therefore does no harm to assume that such practice also helps to ensure good outcomes.

Explaining the Course of Foster Care: Family Contact

Contact between foster children and their families is common. Between forty and fifty per cent of foster children have face to face contact with at least one family member who is not living with them at least once a week. A few (somewhere between one in seven and one in five) have virtually no contact with their families at all.

Generally such contact is encouraged. Children want more of it. It is associated with return home. And it is also argued that it is good for their sense of identity and mental

health. Research provides rather more equivocal support. It is not clear that the association between contact and return is causal. It is clear that many children are upset by irregular contact or troubles at home. Ratings by researchers suggest that suggest that while some contacts are beneficial, others are detrimental and it is quite possible for the same child to have both. One study found that where children had previously been abused unrestricted contact was associated with a much higher level of placement breakdown.

Rather similar findings apply to placements with brothers and sisters in the same placement. Relationships between siblings can be harmonious and a source of strength. However, they can also be very fraught and threaten placements. Children who have been rejected at home and are placed apart from their siblings are very likely to have placement breakdowns. A possible reason is that the placement increases their sense of rejection. In keeping with this children who have siblings at home are also more likely to have placement breakdown, although this association is not necessarily causal.

In general the research discourages 'rigid rules' over contact or placement with siblings. There must be a general presumption that such placements are likely to be what children want and in keeping with their wishes. This, however, should not necessarily over-ride particular reasons for restricting contact or placing siblings apart.

Explaining the Course of Foster Care: Carer Characteristics

Theories about parenting suggest that some styles – particularly authoritative parenting, which combines clear boundaries with warmth – work better than others. In keeping with this, there is evidence that some foster carers are consistently less likely to have placement breakdowns than others. Such successful carers are rated as 'authoritative' (warm, encouraging, sensitive to their child's needs, willing to listen and clear over expectations etc.). They are also more likely take part with their foster children in enjoyable joint activities (such as reading a bedtime story or going to a football match) and when they are older encourage them in developing needed skills. By contrast 'unsuccessful' carers do not have these attributes and may be rated as 'aggressive' and 'unresponsive'.

Explaining the Course of Foster Care: Matching and Interactions

Relationships between carers and children show both stability and change over time. Both child and carer play their part in this process. The factors that play a part include:

- 'Chemistry' – some carers take to particular children and some children take to particular carers
- Commitment – difficult behaviour tends to lead to carer rejection which in turn leads to placement breakdown. If a carer remains committed despite difficult behaviour breakdown does not occur
- 'Vicious circles' – difficult behaviour on the part of the child can lead to less skilled behaviour by the foster carer and hence to more difficult behaviour

- Relationships with other children or foster children – carers may be prepared to tolerate very difficult behaviour directed at themselves but are much less tolerant of behaviour directed at their own children

Explaining the Course of fostering: Support

Support for foster care may be aimed at improving the morale of carers or the well-being of children or both. In general the evidence suggests that the usual levels of contact with mental health professionals (commonly low) do not affect outcomes for children. There is some (in my view inconclusive) evidence that contact with an educational psychologist may improve outcomes for children as may contact with a counsellor. The evidence on the effects of support and training for foster carers does tend to show that this can improve their morale. It has yet to be shown that this in turn improves outcomes for the children.

Explaining the Course of Foster Care: School

British research suggests that the school performance of children in care is poor. This probably reflects their experience prior to entry to care. The care system, however, does not improve this performance and could almost certainly do more in this respect. Particular difficulties include the frequency with which children change placements and hence schools and, in the case of foster care, some confusion of responsibilities between foster carers and social workers, and the low educational expectations of some carers.

In practice school for foster children is much more than a route to academic success or otherwise. It provides a structure to their day, can be a way of keeping in touch with friends from their former lives and provides a source of positive role models. Less positively it is a place where they must cope with the stigma of 'being in care'. Generally, schools are important as potential sources of self-esteem and as places where children can try out their social wings and get in with the 'right' or 'wrong' crowd.

In general foster children who are unhappy at school, who truanted from it or are excluded, tend to show other difficulties. Young people of school age but not at school place carers under considerable strain. Conversely, young people who are confident about their schoolwork are less likely to have a placement breakdown. These associations do not necessarily represent cause and effect. However, the pattern of associations tends to suggest that schools do have an impact on placements,

As noted above, one study found that contact with an educational psychologist was associated with the avoidance of placement breakdown. This unpredicted finding was not explained by the characteristics of children seeing the psychologist. There was some evidence that the effects depended on the attitude of the carer and the attitude of the child. Where neither carers nor child had a positive attitude towards school the effect was not apparent. Whatever its explanation this finding reinforced other evidence that doing well at school is of value for its own sake and because of its contribution to placement success.

The Long-term Outcomes of Foster Care

A number of British research projects have focussed on what happens to children who leave care when 17 or 18. Very few of these, however, have looked specifically at foster care. One that did showed that long-term foster care could provide a family for life. This heartening evidence must be seen in the light of the difficulty of finding representative samples. It is easier to find adults who have had successful and happy lives.

Another study which followed up a sample of foster children found less positive outcomes with a relatively high incidence of unemployment, depression, loneliness and difficulties over money and housing. Contact with former foster carers was quite common but not apparently sufficiently intensive to counteract these problems. The foster children themselves fell into three groups. Around a third said that they had left foster care for positive reasons –for example, to go to university or move to a job. A third felt that they had been pushed out before they were ready. A third said they had left because they could not get on with their foster carers.

Recruiting and Supporting Foster Carers

Foster care depends on the successful recruitment of carers and on retaining enough of those who are recruited.

There is only one recent and substantial study of recruitment. This suggested that successful recruitment would be largely based on a local media campaigns, supported by foster carers (many carers are recruited by other carers), and the involvement of experienced foster carers, foster children and social workers. It was important that recruitment was efficient (many carers are ‘lost’ after the initial contact) and carried out throughout the year.

Most foster carers find their experience life enhancing. Turnover is quite low at around 10 per cent a year. Carers leave either because fostering no longer fits their plans for their family, because they feel they are offered poor support or because of ‘events’, traumatic incidents such as fostering breakdowns or allegations of abuse that undermine their confidence. Breakdowns are particularly important. Few carers decide to leave while there are foster children with them. Breakdowns upset carer while offering them the chance to cease fostering without breaking their obligation to particular children.

There is evidence that support for foster carers is most effective if it is tailored to their particular family situation; combines regular social work visits with relevant training, contact with other carers in training or groups and adequate remuneration; pays attention to the particular issues raised by carers such as the need for a good after-hours service; is responsive to ‘events’; and makes carers feel they are part of a team.

Conclusion

Foster care is in many ways a very impressive form of provision. It has a highly committed work force which looks after a wide variety of children, some of whom

display very challenging behaviour. Most foster children speak very highly of their foster carers. Most foster carers are very committed to their foster children.

At the same time foster care faces a basic dilemma. It rarely provides very long stays in the same family and it may fail either to change the situations from which foster children come or to offer a permanent alternative to them. In the end children leave foster care for adoption, their own homes or independent living. Of these only adoption commonly offers the secure base that they want and need.

Note – This note is largely based on material summarised and fully referenced in the following publications: Bullock R., Courtney M., Parker, R, Sinclair I and Thoburn, J ‘Can the corporate state parent?’ *Adoption and Fostering*, 30, Winter 2006, pp 6-19 (Reprinted from Roger Bullock, Mark E. Courtney, Roy Parker, Ian Sinclair, June Thoburn (2006) **Can the corporate state parent?** *Children and Youth Services Review*, 28 1344–1358) and Sinclair I, 2006, *Fostering Now*, London: Jessica Kingsley.

Some descriptive statistical material is also taken from Sinclair, I, Baker, C, Lee, J and Gibbs I, forthcoming, *The Pursuit of Permanence; a study of the English Care System*, London, Jessica Kingsley.

Ian Sinclair PhD
Research Professor, Social Work Research and Development Unit,
University of York, York YO10 5DD, England

05.06.2007