What works in adoption and foster care?

Authors Clive Sellick, June Thoburn and Terry Philpot

Published 2004

Barnardo’s has been promoting an evidence-based approach to children’s services since the mid-1990’s. During the past 10 years we have commissioned leading academics and expert practitioners to review research about ‘What works?’ for children in a wide range of subject areas.

We have recently re-launched the series of ‘What works?’ publications, bringing the material up to date and also including new titles.

Since the publication of the original version of What works in adoption and foster care? (What works in family placement?), there has been renewed interest in family placement, its effectiveness and value for money. This revised edition reviews changes in policy and practice and features new material in the field of adoption and foster care and on kinship care.

What works in adoption and foster care? will assist managers and practitioners in family and childcare social work to make decisions based on sound evidence about where to place children and what sort of practice is likely to bring about the desired outcomes for children, birth relatives, foster carers and the adoptive family. Three specific questions are addressed:

- what does research indicate are the factors likely to be associated with positive outcomes?

- how can practice be evaluated and what outcome measures can be used?

- what does research not tell us or where are the messages from research unclear or contradictory?
Contents of *What works in adoption and foster care?* include:

- Context for the second edition and the aims and approach of this book.
- A spectrum of support: child placement research, theory and practice.
- What works in short-term and intermediate foster care?
- What works in long-term or permanent family placement?
- Social and policy developments and a new research agenda.
- 10 case studies.

Key messages from research on the effectiveness of child placement

- Child placement is an integral part of child and family social work. It is important to consider outcomes of child placement in the context of practice with families and children generally.
- Outcomes for children are subject to many complex and interacting variables. The more complex the placement circumstances, the more difficult it is to attribute success to any one factor or type of placement.
- Timescales are important, and the measurement of long-term outcomes is particularly challenging.
- There are a number of outcome measures applied by researchers, which can provide important information for practice.
- When considering research findings it is important to assess the strength and reliability of the evidence presented, and whether the research method used is appropriate to the question being studied.
- Both birth families and new families value a dependable relationship with a worker who cares about them.
- Effective practice, therefore, combines short-term and intermediate interventions within the context of long-term helping relationships.

Key messages about what works in short-term and intermediate foster care

- Success in short-term and intermediate placements comes from more rigorous selection procedures for foster carers, sensitively managed matching and introductions, regular contact between children and their families, more frequent visits by link social workers to foster carers, and greater efforts by social workers in working with the child’s family.
- Black children and those of mixed parentage tend to take different paths in and out of placement from those taken by white children. Evaluative studies of foster care for black
children tend to be restricted to studies of success in recruiting families from different ethnic
groups. Child outcome measures of success are little studied.

- When short-term and intermediate care is used as a method of family support, foster carers
can have an important role in working with parents and children in resolving difficulties.
- Contact is a key variable independently associated with successfully returning children from
placement to their families.
- There is a lack of evaluative research into the effectiveness of strategies aimed at recruiting and
retaining carers.
- There are specific required characteristics for foster carers, and recruitment messages that
emphasise these characteristics may be more likely to attract people with the capabilities to
become foster carers. This needs to be accompanied by clear information about the available
package of training, support and remuneration.
- There are few studies of effectiveness of training carers. Research is needed which
differentiates between types of training and evaluates the content, process and outcomes of the
programmes.
- Support to carers is important in retaining carers and diminishing the number of placement
breakdowns.

Key messages emerging from research into permanent placements

- Long-term placement with relatives or friends (‘kinship care’), and short-term placements that
become permanent, have been found to be more successful for the full range of children than
placement with families not previously known to the child (‘stranger care’).
- Around 5 per cent of the placements of infants made at the request of the birth parent will
break down.
- Of all adopters and adults who were adopted, 80 per cent express satisfaction with their
relationship.
- Successful adoptive parenting of children placed as infants relies on: the parents’ ability to
accept the child’s dual identity; the emotional significance which the birth family will always have
for the child; and the adoptive parents’ view of themselves as new parents.
- For older children, age at placement is key. Beyond the age of 6 months, vulnerability to
emotional problems stemming from difficulties with attachment, separation and loss increase
with age at placement.
- On average, one in five placements from care with adoptive parents or permanent foster carers
not previously known to the child breaks down within five years of placement. However, this
figure may not be helpful as so much depends on the age of the child and other characteristics
at the time of placement.
- Children who have been institutionalised, who have behavioural or other emotional difficulties,
or who have been abused or neglected face a greater likelihood of their placement breaking
down.
- Being placed with siblings has been found by some researchers to be associated with more
successful outcome. Continued contact with birth parents, relatives or siblings, and past foster
carers can provide continuity for children in forming attachments to new families.
Having continued contact with members of the birth family is also found in some studies to be associated with a reduced risk of breakdown but appears to make no difference in others.

Some studies have found that children who have physical or learning disabilities generally do as well or better when placed with new parents than children who are in other respects similar.

When age at placement and other variables are held constant, there are no differences in breakdown rates between adoptive placements and placements with permanent foster families. Qualitative studies find that some children prefer to be fostered and others prefer to be adopted.

Some studies have shown that children of mixed racial heritage are more likely to experience placement breakdown than either black or white children.

Many studies of the placement of infants and of older children have found that placement breakdown was associated with the existence of a birth child close in age to the child being placed.

It is important for new parents to feel comfortable about integrating a child's early history into their family life.

Single people and couples of many different types have successfully adopted or permanently fostered children who have experienced difficulties in their early lives or are disabled.

Providing information to new parents in advance of placement about sexual abuse and behaviour problems can help to lessen the problems that may arise for new families.

Clive Sellick is Senior Lecturer in Social Work, University of East Anglia. Before beginning his academic career he worked as a social worker and manager in various child and family social-work settings. He has researched and written widely in the field of foster care.

June Thoburn is Professor of Social Work, University of East Anglia. She has worked as a senior social worker in England and Canada and has been teaching and researching a wide range of child welfare topics since 1980.

Terry Philpot is a journalist and writer on social policy and was formerly editor of Community Care. He has written and edited several books.

The full report is available to purchase on-line from www.barnardos.org.uk/resources

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Even though American Adoptions works primarily in domestic infant adoption, we recognize that it isn’t the right path for everyone. We want to help you find the type of adoption that is best suited for your life. The following is an overview of some main factors that adoptive families should consider before pursuing private adoption vs. foster adoption.

Private Adoption Versus Foster Care Adoption:
- **Wait Times.** Private Adoption: 1 to 12 months at American Adoptions, on average. State Adoption: Immediately to 5 years, depending on the situation. This is one of the differences between foster care and adoption that many people are interested in. For example, a couple or single person decides to become foster parents with the goal of adopting one of their foster children. Public agencies handle most foster care adoptions, also called special needs adoptions. Foster care children usually are in grade school or are teenagers and frequently have been the victims of abuse or neglect. Check with your local Department of Social Services to learn about foster children in your area who need adoption. If a potential match is made, the prospective parents will visit with the foster child, and if the visits are determined to be successful, the child will be placed with his or her new family. For more information on foster care, check out our article How Foster Care Works. Adopting from foster care is similar to other types of adoption in that after all of the decision making, paperwork, and preparation are completed, a dream of family is fulfilled. But foster care adoptions are different in a few important ways: Though it is possible to adopt a baby from foster care, the children who are available for adoption generally range from toddler to 21. The median age is eight years old. While there are additional steps to work through, families can and do adopt children across state lines. You can read some of their stories on our blog. What kind of support is available to families? Financial assistance is available to cover all or most of the costs of adopting children from foster care and to fund their medical and mental health needs.