What Works in Family Placement? – Summary

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The ‘What Works?’ series

Some ways of dealing with problems work better than others. Every child has the right to expect that professionals intervening in their lives will do so on the basis of the best available knowledge. But the majority of interventions in social care are not evaluated before they are introduced. In that sense, much of the work done with children is an uncontrolled experiment.

Barnardo’s has a special interest in evidence-based practice, that is, finding out what works, and ensuring that the interventions we and others make in children’s lives are as good as they possibly can be.

As Roy Parker and his colleagues have pointed out:

‘A hundred years ago, the benefits of providing separate care for deprived and disadvantaged children were thought to be self evident. It has since become increasingly apparent that unless outcomes in childcare can be adequately measured, we have no means of justifying the actions of social workers, which may have far reaching and permanent consequences for individuals.’

Qualitative work, and user studies, for which the UK has a good record, are important in understanding the processes which enable interventions to work well, and understand what service users most value. They do not, however, help us to know what interventions work best, or why.

In order to understand cause and effect - the relationship between a particular intervention and an outcome - randomised controlled trials are important. RCTs in the UK and North America include studies of day care, home visits, accident prevention, and other early childhood interventions.

The cohort studies, such as the National Child Development Study (NCDS) enable us to see who does well after a poor start in life, and understand what factors may lead to resilience.

Barnardo’s What Works reports draw on a range of research designs and evaluations which suggest that particular interventions are worthwhile.
The report in brief

‘What works in family placement?’ considers the research evidence in respect of family placement and highlights implications of this for practice. The first section sets out an overview of the work to be evaluated and the nature of the evidence. The second section considers what works in task-focused, temporary foster care and the third section looks at what works in long-term family placement.

The work that we evaluated and the nature of the evidence

A range of practice exists along the family placement continuum, from ‘respite’ fostering or holiday fostering on a short-term basis, to ‘permanent’ fostering or adoption on a long-term basis. However across all these services, when we seek to evaluate practice we are looking at:

- The work of carers themselves and the quality of the care which they offer
- The decisions made about placement
- The casework provided by the social workers for the children and the family placement workers

A range of ‘service’ and ‘client’ based outcome measures have been used to evaluate these areas. However, the task is complicated by the many discrete but interacting components of the effort put into trying to make any one placement succeed; and also the fact that the characteristics of the child needing placement will impact on success rates. Time scales are also very important; for example, the long-term outcomes of adoption of infants are measured twenty or more years after the child was placed, and the practice leading to these outcomes will have moved on in the intervening period. Evaluating outcomes in this practice setting is therefore a challenge and the more complex the placement circumstances the more difficult it is to attribute success to any one factor or type of placement.

The types of studies undertaken in the family placement field can be broadly divided into longitudinal studies, and ‘snapshot’ studies which take a picture during a particular time. There are very few randomised controlled trials or quasi-experimental design studies which use control groups to compare outcomes of services. When considering research findings it is important to assess whether the research method used is appropriate to the question being studied and also to consider the strength and reliability of the evidence presented. For example research based on experimental designs, particularly if the findings have been replicated, provide a high degree of validity. Consumer studies consistently show that both birth and substitute families value a dependable relationship with a worker who cares about them. Effective practice therefore combines short-term interventions within the context of long-term helping relationships.
What works in task-focused, temporary foster care?

Studies which relate to specific aspects of social work or foster care practice with outcome measures are still rare. Unanswered questions remain about the relative merits of the different models of service provision and social work intervention at the different stages of the foster carer task. However, a review of the research for ‘what works’ in short-term foster-care placements provides the following key messages:

- Success in short-term and intermediate placements is associated with factors such as 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 and mixed parentage children tend to take different paths in and out of placement to 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.

- Studies of short-term care as a method of family support suggest that foster carers can have an important role in working with parents and children in resolving difficulties.

- Contact stands out from research as the key variable which is 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.

- Research suggests that carers require a number of characteristics. Recruitment messages which emphasise these may be more likely to attract people with the capabilities to become foster carers. This needs to be accomplished by clear information about the package of training, support and remuneration available to them.

- Whilst there is much interest in the training of carers, there are fewer studies of effectiveness. Research is needed which differentiates between types of training and evaluates the content, process and outcomes of the training programmes.

- Research suggests that support to carers is important in retaining carers and diminishing the risk of placement breakdowns.
**Permanent placements**

Whilst there is a larger body of research on ‘permanent placements’ few studies describe in detail specific aspects of practice and evaluate them using specified outcome measures. The following key messages emerge from the review of the research into permanent placements:

- Long-term placement with relatives or friends has been found to be more successful for the full range of children than placement with families not previously known to the child.
- Research into the placement of infants at the request of the birth parent concludes that around 5% of these placements will break down. On other measures, the conclusion from a range of studies is that around 80% of adopters and adopted adults express satisfaction with their relationship, around 20% being generally dissatisfied.
- The successful adoptive parenting of children placed as infants is associated with the ability to accept the child’s dual identity and the emotional significance which the family of origin will always have for the child and for themselves as substitute parents.
- For older children, age at placements is of importance. Once over the age of 6 months the vulnerability to emotional problems around attachment increases with age at placement.
- Studies of break down rates suggest that one in five placements break down within five years of placement.
- The individual characteristics of children are important. Being described as institutionalised, having behavioural or emotional difficulties and having a history of abuse or neglect are all associated with greater risks of breakdown.
- Being placed with siblings is found by some studies to be associated with more successful outcomes. Having continued contact with members of the birth family is found in some studies to be associated with a reduced risk of breakdown and appears to make no difference in others.
- Children who have physical or learning disabilities generally do as well or better when placed with substitute parents than children who are in other respects similar.
- Studies have shown that when age at breakdown is held constant, there are few differences in breakdown rates between adoptive placements and placements with permanent foster families.
- Children of mixed racial heritage are more likely to experience placement breakdown than either black or white children.
One variable appears consistently and negatively in studies of the placements of both infants and older children, that is the new family has a child close in age to the child to be placed.

Research suggests that it is important for the substitute parents to feel comfortable about integrating the child’s early history into their family life.

Studies make it clear that a very wide range of single parents and couples have successfully parented children who have experienced difficulties in their early lives or have disabilities.

Providing information to substitute parents in advance of placement can help lessen the problems which may arise for families adjusting to the needs of children who have been sexually abused or who have serious behavioural problems.

Continued contact with birth parents, relatives or siblings can provide continuity for children in forming new attachments to substitute families.

Conclusion

A review of the existing body of research provides many useful lessons for policy and practice. However, there are still many gaps in our knowledge and further research is required to address the questions which emerge in a changing practice environment. Policy and practice developments over the past few years have, for example, resulted in many more children being placed with substitute parents with some continued contact with a parent or relative. Much practice now involves ‘grief work’ with the child and the birth parents, but if there is some continued contact the nature of this work will change. ‘Telling’ too will be different if the parent reappears from time to time, or writes letters. And ‘searching’ will gradually become a less significant part of post-adoption work since, if you don’t lose contact, you don’t have to search. In its place come the work of facilitating a wide range of contact arrangements: helping children as they grow up to make their own decisions and arrangements about the nature of meetings with their first families; helping the birth parents to take on a different role and understand and cope with their feelings as their children grow to love a new family; helping substitute parents to incorporate the child’s life before he or she came to them into their life as an adoptive family.

The placement of black children who are looked after by local authorities is changing as a higher proportion are placed with substitute parents of the same ethnic background. The research agenda here should now turn from researching trans-racial placements to placements of black children with black families. On the other hand, a new generation of children placed from overseas with racially and culturally different families will be growing to maturity. Many of them will have experienced extreme material deprivation and psychological deprivation rather than the parental maltreatment experienced by those placed from care. Data must be collected now so that we can learn from the outcomes of these children as they grow up and when they move into adult life.

Many of the adoptive and permanent foster families will also have had different experiences from those who adopted in the past. The sadness and stress of infertility is therefore increasing numbers...
of people who wish to experience parenthood and an even smaller percentage will have a baby placed with them for adoption, although this may be balanced by increasing numbers adopting from overseas. More choices, with a growing number of assisted reproduction procedures and surrogacy, will have lengthened the time and increased the stress on individuals and marriages before the decision is taken to apply to adopt. They will almost certainly be on average older than the adopters included in past research studies. More of the marriages of adoptive parents will break up after the placement and more placements will be made with parents who have had a previous marriage as well as with single people and with same sex partnerships.

These and many other changes make it essential that longitudinal studies start now. We can then continue to fill the gaps in our knowledge of what works and check out if existing knowledge is still relevant. Alongside these longitudinal studies, which must be large enough to include significant numbers of children who experience a range of out-of-home placements, smaller cohort studies are needed of children with similar problems or special needs. These might include infants whose parents have a learning disability or a mental illness, or toddlers who are well attached to a parent who marries a man with convictions of sexual abuse of older children. Some of those in these studies will remain at home and perhaps receive respite care services and others will be placed with substitute parents or with relatives. Such studies should not only build in specific outcome measures but should carefully describe the different methods used at the different stages of the placement process so that we can add a few more pieces to the ‘what works’ jigsaw.

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