

What we know about the effects of foster care

Social agencies have no more awesome power than the right—with due process of law—to take children from their parents for an indefinite period of time and dispose of them as they see fit. Although no one disputes the need for foster care, no one endorses it as a solution to the problems for which it is invoked. When children are abused or neglected by their parents, or when the parents cannot—for any of a number of reasons—care for their children, someone must intervene to see that the children are adequately looked after. That someone is usually the government, and the intervention is frequently foster care.

“There has always been, and will always be, a tension in the child welfare field between child saving and family preservation.”¹ To the question, “What is best for the child?” no firm answer can be given because the parenting behavior of families in stress is highly unpredictable, and the impact of foster care remains to be measured. In an effort to explore the consequences of foster care, Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin, with the support of the Institute for Research on Poverty, have carried out an extensive review of the research that has been done on one aspect—doubtless the most important—of foster care (see box). They focus on “outcomes,” that is, the long-term effects of foster care on the functioning of adolescents and adults.

Foster care is care for children outside the home that substitutes for parental care. The child may be placed with a family, relatives or strangers, in a group home (where up to a dozen foster children live under the continuous supervision of a parental figure), or in an institution. Whatever its form, foster care is an enormous upheaval in the life of a child, who often must adjust not only to a different family, a different location, a different school, and different peers, but to a different culture as well. Important decisions concerning the lives of foster children are in the hands of strangers—courts, social welfare agencies, substitute parents, any one of which may have custody of the child. At the same time the biological parents may maintain their physical and emotional ties with the child. In fact these ties are considered crucial, for the essence of foster care is that it is a temporary expedient, since “it is generally agreed that it is in the best interests of children to live with their families.”² Yet it is argued that this temporary expedient often becomes a permanent state, from which the child escapes only into adulthood and putative independence.³

The adjustment to foster care would be difficult enough for children from stable backgrounds, but the children requiring foster care can seldom be so described. Most—between 75 and 80 percent—are taken from their homes because their parents fail to care for them adequately. The failure may be brought about by a sudden calamity, such as physical or mental illness or imprisonment of the care-giving parent. Or the parents may be drug addicts, oblivious of parental responsibilities. Or they may abuse, neglect, or abandon their children.⁴

Between 15 and 20 percent of foster children enter the system because they have problems with which the parents cannot cope.⁵ The child may, for example, be retarded or have mental or physical handicaps. Less than 5 percent of the cases are caused primarily by environmental factors such as financial need, inadequate housing, or chronic unemployment, but poverty frequently contributes to the crises that require children to be placed in foster care.⁶

History of foster care

Unprotected children have not fared well over the course of history. Children are the quintessential victims: helpless, delicate, and demanding. Infanticide and abandonment are as old as recorded history (witness Oedipus) and are thought to still be commonplace in countries with large poor populations. In many instances such extreme measures were deemed necessary—when, for example, there was insufficient food to go around.

Churches and workhouses gradually lessened the outright murder of infants in Europe after the Middle Ages, although the vast majority of infants placed in foundling homes died in their first year. Because older children had some economic value for the work they could perform, they were indentured. Indeed they were not considered children, but rather small adults as far as work was concerned, except they had none of the rights of adults. In Tudor England, children reached the age of majority at nine. David Copperfield and Oliver Twist bear witness to the life of such children in the nineteenth century. At that time laws pertaining to cruelty to animals were much more stringent than laws dealing with cruelty to children, and in at least one case, a child was removed from abusing parents on the grounds that she was a member of the animal kingdom.⁷

**Assessing the Long-Term Effects
of Foster Care:
A Research Synthesis**

by

Thomas McDonald, Reva Allen, Alex Westerfelt,
and Irving Piliavin

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The rights of children have only gradually been established: Until recently parental rights were considered inviolate. The United Nations Declaration of the Rights of the Child in November 1954 was an important milestone in stating the rights that children should have.⁸ And in the United States a number of legal rights for children have emerged, often in conflict with the rights of parents.⁹

The first well-known foster family care program in the United States was The Placing Out System of the New York Children's Aid Society. This program was established by Charles Loring Brace in 1853, with the goal of disposing of vagrant children. Children were rounded up from the city streets and obtained from institutions and shipped to rural communities in the West or South, where committees of citizens arranged for them to be taken in by families. A description of the procedure makes it sound like a slave auction, and it was generally conceded that the motives of the families with whom the children were placed had more to do with self-interest than Christian charity.¹⁰ Though many of the children were not orphans, they were permanently severed from their biological families.

Despite some opposition, the idea caught on, and by 1923 thirty-four states contained private organizations engaged in shipping children to communities far from their homes, and it is estimated that 100,000 children were placed from New York City alone between 1854 and 1929.¹¹

The evolution of foster family care is closely related to the evolution of substitute care in institutions. At about the same time that The Placing Out system came into use, about twenty states opened public orphanages to provide temporary homes for destitute children. These orphanages were thought to be a great improvement over the almshouses, which housed not only children, but insane, senile, and diseased adults. However, for many years a debate raged over whether an institution or a foster family home was more desirable. As more and more states passed laws prohibiting the placement of children in almshouses, foster family care came into wider use. The concept of foster family care eventually won out and was recommended as the best substitute for a natural home at a White House Conference on Children in 1909.¹²

The rate of children in substitute care of all kinds appears to have peaked in the early 1930s. With the passage of the Social Security Act in 1935, rates declined dramatically. Most of the decline, however, was the result of decreased use of placements in institutions. Foster family care rates remained relatively stable until 1960, when they began to rise significantly.¹³

Although foster family care is still held to be better for children than institutions—except in special cases, as when the child needs special care that a family cannot provide—it is increasingly under attack. For no sooner was it established as a solution to the problem of unprotected children than it began to be seen as a problem itself, standing in the way of reunifying families.

The system is blamed for maintaining children in temporary situations when the best arrangement for them is permanent placement in homes with biological or adopted parents. The longer a child is in foster care, it is argued, the more he or she becomes estranged from his biological parents and the less likely becomes the option of adoption. Nor is there any guarantee that the child will stay in a single foster-care setting. He or she may be moved from temporary setting to temporary setting, each requiring the enormous adjustment discussed earlier. Indeed, caseworkers would sometimes deliberately move a child who was establishing strong bonds with a foster family, if that child was expected eventually to return home. Concern that foster care stands in the way of reunification or adoption has caused the federal government to reassess and alter its arrangements for funding foster care (see below).

Role of government

The individual states bear the principal responsibility for the welfare of children, and each state has its own administrative and legal structures and programs to address the various facets of child welfare: supportive services for families, the provision of financial assistance, and placement of children outside the home.

Federal funding in this area as in many others is designed to encourage the states to operate in a fashion that is assumed by the federal government to be in the best interest of all citizens. In the area of foster care, this approach has entailed first support for and then restrictions on foster care.¹⁴

In 1961 federal matching funds were authorized specifically to pay for the maintenance of poor children who were eligible for Aid to Dependent Children (ADC, now AFDC) when they were placed in foster homes or child care facilities, if it was determined that living at home was counter to the child's best interests. This amendment to the Social Security Act (P.L. 87-31) was a response to the refusal of states to provide ADC payments to otherwise eligible children who were living in "unsuitable" homes. At first tem-

porary, this arrangement (under Title IV-A, the section of the Social Security Act which funds AFDC) was made permanent in the 1960s, after which program expenditures grew rapidly. Foster care appeared to become the treatment of choice for at-risk children covered by AFDC, since little federal money was available to otherwise provide for these children. Some federal funding was available for preventive and permanency services through the Child Welfare Services Program (Title IV-B of the Social Security Act). Although Title IV-B was designed to provide services to families and reduce the need for foster care by addressing problems that could cause neglect, abuse, exploitation, or delinquency of children, the funds in this program were limited, and since they were not restricted to poor children (as stipulated for the Title IV-A funds), states tended to use them to help cover the costs of maintenance in foster care of children not eligible for AFDC—approximately two-thirds of the foster care population.¹⁵

In 1974 the enactment of P.L. 92-672 (Title XX) made a third federal program available for children. Now called the Social Services Block Grant Program, it entitled states to funding to provide social services and to train staff to carry out the work. The Title XX funds became block grants in 1981, to be allocated to states on the basis of their population. However, only a small portion of this money was spent on protective services for children.

During the seventies the number of children in foster care grew rapidly, and it was suggested that the foster care program provided fiscal incentives to the states to place children in foster care and keep them there rather than prevent the need for placement in the first place. Because Title IV-A was an open-ended entitlement, whatever the state paid for AFDC foster care was reimbursed by the federal government at the AFDC reimbursement rate (between 50 and 83 percent of the cost). Title IV-B and Title XX provided only limited federal funds for children; preventive and rehabilitative services were funded primarily at the state and local level.

The concern that government policy was harming children motivated the Congress to pass two laws. The first, the Indian Child Welfare Act of 1978 (P.L. 95-608), gave increased authority to tribal courts to determine where Indian children were placed. The Adoption Assistance and Child Welfare Amendments of 1980 (P.L. 96-272) applied to all foster children and modified the existing programs, putting stress on permanency planning with a hierarchy of goals. The first of these goals was to keep the child in the home, unless it was imperative to remove him/her. The second was timely reunification of the child with his/her family; the third was adoption, the fourth, guardianship, and last on the list was long-term foster care.

The Adoption Assistance and Child Welfare Act of 1980 moved AFDC foster care, which had been part of the general program of Aid to Families with Dependent Children

(Title IV-A), to a newly created Title IV-E. Under this program the federal government provides a match at the state's Medicaid rate for foster care maintenance payments to eligible children. To be eligible for Title IV-E funding, a state must specify that reasonable efforts will be made to prevent the need for foster care and to make it possible for children to eventually return home. For each child placed in foster care, there must be a judicial determination that a reasonable effort was made to prevent the placement. In addition to maintenance, Title IV-E also supplies matching funds for placement and administrative costs and for training programs.

A link was created between Title IV-E and Title IV-B, the Child Welfare Services Program, to cause states to put more stress on the prevention of foster care and reunification of families than on using their IV-B funds for foster care maintenance. Use of IV-B funds for child day care, for maintenance in foster care, and for adoption assistance payments was limited to \$56.6 million—the 1979 Title IV-B appropriation. But under specified conditions states may transfer a portion of their IV-E funding (for AFDC-eligible children) to child welfare services (for all children) under the IV-B program, if their foster care maintenance expenditures (IV-E) are less than expected based on their 1979 expenditures. The transfer is to some extent contingent upon the states carrying out a number of procedures to protect children in foster care—including monitoring, case reviews, and a reunification program.

To encourage adoption in lieu of foster care, Title IV-E contains an adoption assistance program to provide payments to families adopting AFDC-eligible children with special needs, which includes belonging to a minority group. An additional section of Title IV-E, added to the program in 1985, is an entitlement program to help the states smooth the transition of foster children to independence (the Independent Living program).

The number of children in foster care dropped from approximately 302,000 in 1980 to a low of 269,000 in 1983. Since then, the number has climbed steadily, and the number of children in foster care in 1990 was estimated to be over 400,000.¹⁶ The amount the federal government reimbursed to the states for foster care in 1990 was \$1473.2 million.¹⁷ In addition the federal government paid \$252.6 million under Title IV-B for child welfare services and an undetermined amount under Title XX.¹⁸

Given that foster care continues to be the fate of so many children, it is not surprising that researchers should ask how it affects a child's ability to function as an adult. A first step in this direction is the literature review undertaken by McDonald, Allen, Westerfelt, and Piliavin.

Foster care studies

Twenty-seven studies were examined. They are briefly described in Table 1. They had in common that they were carried out in the past thirty years and provided information on outcomes—what happened to the children after foster care.¹⁹ In every other respect there was enormous variation. Some were large, some small; some retrospective, some prospective; some American, others from other nations. Some provided comparison groups; others did not. Some examined children who were self-selected by their behavior into foster care. In other studies the children were removed from their homes for reasons not of their own making: One study, for example, examined children who, for their safety, were transported out of London in World War II; another looked at children removed from their homes in infancy. Some studies measured outcomes for emotionally disturbed children. One measured effects of foster care on children who were removed from homes because they were maltreated. The ages of the children entering foster care and the length of time in care varied from study to study and within studies. So of course did the individual experiences of the children—both at home and in foster care. And the type of foster care also varied—foster families, group homes, or institutions. Some were returned to their homes, others were discharged after reaching majority. Attrition was a significant problem for most of the studies, and nonresponse rates were generally between one-third and one-half. There was no way of ascertaining if those who voluntarily participated in studies differed from those who did not.

The studies were evaluated on the basis of their quality, as judged by the inclusion of data from a comparison group, the size of the sample, the age of the former foster child at follow-up (the older the former foster child, the better), attrition, and the time period during which the study took place (time periods after the passage of P.L. 96–272 in 1980 were preferred, since that was the point that foster care ceased to be seen as a viable solution to the problems necessitating out-of-home care). Results from more methodologically sound studies were given greater weight in the review of outcomes. The inclusion of a comparison group or comparative data was believed to be most critical for judging outcomes. Even so, the synthesis of the work consists for the most part of broad generalizations.

The outcomes identified in the various studies are (1) adult self-sufficiency (including educational attainment and intellectual ability, employment and economic stability, and residential status and housing); (2) behavioral adjustment (criminal behavior and use of alcohol and drugs); (3) family and social support systems (marital stability, parenting capability, friends); and (4) sense of well-being (mental and physical health and satisfaction).

Findings from the studies

Self-sufficiency

Almost all of the studies of former foster children revealed that their level of education is below the average for those of comparable age in their state or country. While in school, foster children functioned at a level that was below average and below their capacity. They were more likely to pursue vocational training than college. Youth discharged from family foster care generally completed more schooling than those from group settings. The younger the child at placement, the fewer years of schooling attained.

Because academic performance is associated with adult employment and socioeconomic status, the poor showing of children who have been in foster care is clearly a matter for concern. Yet the studies indicated that a majority of former foster children (between 64 and 92 percent) are self-supporting adults. Their employment tends to be steady but precarious. About 25 percent of former foster children receive public assistance at some point as adults. Those discharged from foster family homes do better than those from group settings, and adoptees do better than foster children. Foster families, and to a lesser extent, biological families, appear to provide economic support for a significant portion of adult former foster children. This appears to be similar to the situation one would expect to find for young adults in the general population.

The majority of foster care follow-up studies indicate that most (roughly 60 to 70 percent) of the subjects were living independently in adequate housing. Sizable numbers of subjects were found to be still living with their foster parents or friends and relatives. Biological families appear to provide minimal housing support. Studies of homelessness, however, have revealed that a disproportionate number of the homeless have spent time in foster care.²⁰ The number of former foster children among the homeless may suggest that efforts have fallen short to provide some sort of transition to independence for those who age out of foster care. Or it may suggest something else entirely, such as that children sent to foster homes have severe problems that make them vulnerable to homelessness, or that the foster care experience is debilitating in a way that leaves them unable to function independently, or that they lack family support networks to provide them with housing in a crisis. The exact link between foster care and homelessness is not known.

Behavioral adjustment

Arrest rates for male former foster children generally fall between 25 and 35 percent, but have been reported to be over 40 percent. Of those arrested, one-quarter to one-half are subsequently convicted. Arrest rates for women are

Table 1
Studies of Outcomes of Foster Care

Source	Type of Study	Characteristics of Sample	Outcomes Studied	Data Collection	Attrition
J. McCord, W. McCord, & E. Thurber. 1960. "The Effects of Foster Home Placement in the Prevention of Adult Antisocial Behavior." <i>Social Service Review</i> , 34, 415–419.	Prospective, with comparison group	N = 38 (19 in out-of-home) Ages: early 30s Selection criteria: Follow-up of an earlier delinquency prevention study in Massachusetts. Of 24 removed from their homes as young adolescents, data were available on 19, who became subjects. Matched comparison group was drawn from remaining sample (N=236).	Criminal behavior, alcoholism, mental health.	Observation of children and families.	21% dropout
H.S. Maas. 1963. "The Young Adult Adjustment of Twenty Wartime Residential Nursing Children." <i>Child Welfare</i> , 42, 57–72.	Retrospective, no comparison group	N = 20 Ages: 19–26 years Selection criteria: Placed at least 1 year as preschool children for their safety by parents in British wartime residential nurseries; average stay over 3 years.	Living arrangements, employment, leisure-time interests, education, and family life; Thematic Apperception Test.	All subjects interviewed; 14 observed with families; parents of 18 interviewed; records of collateral agencies.	78% dropout (Appears that first 20 successful contacts were used)
E.G. Meier. 1965. "Current Circumstances of Former Foster Children." <i>Child Welfare</i> , 44, 196–206.	Retrospective, no comparison group	N = 66 Ages: 28–32 years Selection criteria: Adults who as children had experienced 5 or more years of foster home care in Minnesota, who had not been returned to their own families during their childhoods, and who were discharged from guardianship between 7/1/48 and 12/31/49. Attempted to use all eligible males and a random sample of eligible females.	Social effectiveness and sense of well-being: includes family life, living arrangements, economic/employment history, community involvement.	Interviews and questionnaires; phone calls or letters from those who refused to participate in full study.	20% dropout

M.E. Allerhand, R.E. Weber, & M. Haug. 1966. <i>Adaptation and Adaptability: The Bellefaire Follow-up Study</i> . New York: Child Welfare League of America.	Retrospective, no comparison group	N = 50 Ages: 18 years average Selection criteria: All boys discharged from Bellefaire between 1/58 and 6/61. Must have been in care at least 6 months.	Adaptability (intrapsychic balance and total role fulfillment) and adaptation (interpersonal and cultural role fulfillment).	Agency records; interviews with subjects, their parents, and psychotherapist if currently in treatment. Interviews held 1–2 years after discharge: 1959–63.	4% dropout
T. Ferguson. 1966. <i>Children in Care—and After</i> . London: Oxford Univ. Press.	Prospective, no comparison group; normative data provided	N = 203 Ages: 18–20 years Selection criteria: Youth in care of the Children's Department of Glasgow, Scotland, until the age of 18; left care between 1961 and 1963.	Educational achievement, health, employment and economic history, criminal behavior, family life and relationships, recreation.	Agency records, school teachers' reports, interviews with subjects every 6 months for 2 years after discharge from care. Data collected 1961–65.	1% dropout
L.L. Heston, D.D. Denney, & I.B. Pauly. 1966. "The Adult Adjustment of Persons Institutionalized as Children." <i>British Journal of Psychiatry</i> , 112, 1103–1110.	Retrospective, with comparison group	N = 97 (47 in placement) Ages: 21–50 years Selection criteria: Subjects placed in foundling homes in Oregon; 25 born to schizophrenic mothers in state psychiatric hospitals; average stay over 2 years.	MMPI scores, socioeconomic status, psychosocial disability, psychiatric diagnosis.	Interviews, record reviews	27% dropout
L.N. Robins. 1966. <i>Deviant Children Grown Up: A Sociological and Psychiatric Study of Sociopathic Personality</i> . Baltimore: Williams and Wilkins.	Retrospective, with comparison group	N = 624 (524 in placement) Ages: 27–53 years Selection criteria: 524 former child guidance clinic patients, 16% of whom had lived in foster homes and 16% in orphanages for 6 months or more prior to their referral to the clinic.	School problems and achievement, marital history, adult relationships, military service, job history, history of arrests and imprisonments, financial dependency, geographic moves, history of deviant behavior, physical and psychiatric diseases, alcohol and drug use, intellectual level, cooperativeness, willingness to talk, frankness and mood.	Interviews	21% dropout
H.S. Maas. 1969. "Children in Long Term Foster Care." <i>Child Welfare</i> , 48, 321–333, 347.	Retrospective, no comparison group	N = 422 Ages = ? Selection criteria: Follow-up of children who had been studied by Maas and Engler in the late 1950s; all had been in foster care for at least 3 months in 1 of 9 counties in the U.S. as of 4/1/57. Eight of the 9 original counties participated in this study.	Disposition from care and length of time in care.	Original study: agency records; collected data in 1957–58. This study: agency staff completed questionnaires in 1967.	23% dropout

(Continued)

Table 1, Continued

Source	Type of Study	Characteristics of Sample	Outcomes Studied	Data Collection	Attrition
E.A. Frommer & G. O'Shea. 1973a. "Antenatal Identification of Women Liable to Have Problems in Managing Their Infants." <i>British Journal of Psychiatry</i> , 123, 149-156. 1973b. "The Importance of Childhood Experience in Relation to Problems of Marriage and Family-Building." <i>British Journal of Psychiatry</i> , 1, 123, 157-160.	Retrospective, with comparison group	N = 116 (58 "separated") Age = N/A Selection criteria: Study of the impact of early separation (before age 11) on women's later experiences with parenting; all married British-born primigravidae women attending antenatal clinics in London.	Feelings toward the child and husband, physical and mental health, expected financial impact of having a baby, behavior of the infant.	Interview and observation	28% dropout at time 1; 32% at time 2
S.E. Palmer. 1976. <i>Children in Long Term Care: Their Experience and Progress</i> . Canada: Family and Children's Services of London and Middlesex.	Retrospective, no comparison	N = 70 Ages: 18-21 years Selection criteria: Children who had been in the care of 2 Children's Aid Society agencies in Toronto, Canada, and the C.A.S. in London, England. They were at least 3 years of age when they left their families; minimum of 5 years in care ending when they reached majority (or up to age 21 if still in school); did not have physical or mental condition severe enough to keep them from leading a normal life; not from a distinct cultural background.	Social progress (improvement in behavior, performance, and emotional problems and academic progress.	Agency records. Date of data collection not given; probably early 1970s.	46% dropout
S.N. Wolkind. 1977a. "A Child's Relationship after Admission to Residential Care." <i>Child Care, Health, and Development</i> , 3, 357-362. 1977b. "Women Who Have Been 'In Care' — Psychological and Social Status during Pregnancy." <i>Journal of Child Psychology and Psychiatry</i> , 18, 179-182.	Retrospective, with comparison	N = 534 (36 placed in care) Age: N/A Selection criteria: Primiparous women attending obstetric clinic in London; study of background factors affecting future maternal role; separated at least 3 months before age of 16.	History of housing or social problems, presence of psychiatric and chronic physical disorders.	Interviews	5% dropout
D. Fanshel & E.B. Shinn. 1978. <i>Children in Foster Care: A Longitudinal Investigation</i> . New York: Columbia University Press.	Retrospective, no comparison group	N = 624 Ages: 5-17 years Selection criteria: Had entered New York City's foster care system during 1966 and were in care at least 90 days; newborn-12 years of age at entry; this was their first entry into care. Used an age and gender quota system.	Status changes experienced by children; changes in their personal and social adjustment.	IQ and projective tests, behavioral ratings and developmental profiles, teacher assessments, and reports from parents, subjects, caseworkers. Data collected 1966-1971. (Not all data were collected for all subjects.)	Potential sample = ? Final sample = 624

T. Harari. 1980. "Teenagers Exiting from Foster Family Care: A Retrospective Look." Ph.D. dissertation, University of California, Berkeley.	Retrospective, no comparison group	N = 85 Age: 17–23 years (19.8 average) Selection criteria: Turned 18 by 2/78, had left care as adolescents between 1/74–6/78, had been in care a minimum of 1 1/2 years, not diagnosed as mentally retarded, still living in northern California.	"Current life experience," interpersonal affect and self-esteem scales from Jackson personality inventory.	Interviews	60% dropout
M. Fox & K. Arcuri. 1980. "Cognitive and Academic Functioning in Foster Children." <i>Child Welfare</i> , 59, 491–496.	Retrospective, no comparison group but standardized tests used	N = 163 Ages: 5–18 years Selection criteria: All children in care of Children's Aid Society of Pennsylvania in 1978.	Cognitive and academic skills; grade level.	Standardized tests including Wechsler Intelligence Tests and Wide Range Achievement Test.	0% for intelligence tests; 14% for WRAT-Reading; 65% for WRAT-Arithmetic
J. Triseliotis. 1980. "Growing Up in Foster Care and After." In J. Triseliotis, ed., <i>New Developments in Foster Care and Adoption</i> . London: Routledge & Kegan Paul.	Retrospective, no comparison group	N = 59 Ages: 20–21 years Selection criteria: Scottish study of subjects born in 1956–57 who had spent 7–15 years in a single foster home before the age of 16.	Educational achievement, employment history, family life, living arrangements, contact with foster family, coping ability, sense of well-being, criminal behavior, and perceptions of social workers.	Interviews with former foster children and their foster parents, 1976–77.	32% dropout
J. Kraus. 1981. "Foster Children Grown Up: Parameters of Care and Adult Delinquency." <i>Children and Youth Services Review</i> , 3, 99–114.	Retrospective, no comparison group	N = 491 Ages: 27–28 years Selection criteria: All former wards of the state of New South Wales, Australia, born 1951–52, and discharged at age 18 into situations other than the care of their family or relatives; averaged 9.3 years in care.	Criminal activity	Criminal and welfare records.	None
R. B. Zimmerman. 1982. <i>Foster Care in Retrospect</i> . New Orleans: Tulane Studies in Social Welfare, Vol. 14.	Retrospective, no comparison group	N = 170 Ages: 19–29 years Selection criteria: Former foster children in New Orleans who entered care between 1951 and 1969, had been in a foster home for at least a year, and had not been adopted; only 1 child from any one family.	Educational achievement, financial status, life satisfaction, family life and relationships, social support, views regarding fostering experience, employment, health, history of mental illness or antisocial behavior.	Interviews. March–April, 1980.	64% dropout

(Continued)

Table 1, Continued

Source	Type of Study	Characteristics of Sample	Outcomes Studied	Data Collection	Attrition
T. Festinger. 1983. <i>No One Ever Asked Us: A Postscript to Foster Care</i> . New York: Columbia University Press.	Retrospective, no comparison group; normative data provided	N = 600 Ages: 22–26 years Selection criteria: Young adults who had been discharged from foster care in the New York metropolitan area in 1975, who had been in care continuously for at least the preceding 5 years, and who were 18–21 years old at discharge.	Well-being, family life and relationships, personal problems, social support, educational achievement, employment, finances, health, drug/alcohol use, criminal behavior, use of formal help-providers, perceptions of fostering experience.	In-person and phone interviews, questionnaires. Data collected 5/79–4/80.	54% dropout
S. Frost & A.P. Jurich. 1983. "Follow-up Study of Children Residing in The Villages." The Villages, Topeka, Kans.	Retrospective, no comparison group	N = 176 Ages: ? Selection criteria: Former foster children who had lived in group care at the Villages in Topeka, Kansas, for at least 6 months.	Educational achievement, employment, social support, legal history, financial status, overall functioning level, satisfaction with care.	Personal and telephone interviews, questionnaires. 1982–83.	46% dropout
M.A. Jones & B. Moses. 1984. <i>West Virginia's Former Foster Children: Their Experiences in Care and Their Lives as Young Adults</i> . New York: Child Welfare League of America.	Retrospective, no comparison group	N = 629 Ages: 19–28 years Selection criteria: Young adults who had received foster care in West Virginia for at least 1 year after 10/1/77 but before 1/1/84, and who were at least 19 years of age on 1/1/84.	Living arrangements, employment/finances, social support, family life and relationships, evaluation of care received, education, health, legal history, alcohol/drug usage, life satisfaction.	Personal and telephone interviews. Questionnaires, data collected in 1984.	48% dropout
E.R. Rest & K.W. Watson. 1984. "Growing Up in Foster Care." <i>Child Welfare</i> , 63, 291–306.	Retrospective, no comparison group	N = 13 Ages: 19–31 Selection criteria: Former foster children who had been in the care of Chicago Child Care Society, who had entered care at the age of 6 or younger and reached maturity within the agency's program, and were discharged as independent functioning adults between 1966 and 1981.	Perceptions of experience of care and the impact of this on current life, employment, family life and relationships, self-concept.	Interviews, 1981	Not reported

J. Triseliotis & J. Russell. 1984. <i>Hard to Place: The Outcome of Adoption and Residential Care</i> . London: Heinemann.	Retrospective, with comparison group	N = 159 (68 in residential care, 91 adoptees) Ages: mean of 24 years for adoptees and 22.8 for residential care. Selection criteria: Children who had been in the care of public child welfare agencies and 1 private placement agency in Scotland, who had either been adopted or else placed in a residential facility, and who were in their 20s at the time of the study. All were from very disadvantaged backgrounds. Adoptees: 2–10 years old at the time of placement in adoptive homes; residential care: placed in 1 or more residential establishments by age of 10 and stayed there until at least 16 years old.	Employment, living arrangements, mental health problems, educational achievement, financial status, family life and relationships, health, criminal behavior, alcohol use, social support, coping capability, life satisfaction. Contrasts with biological families.	Agency records; interviews and questionnaires, 1978–80.	47% dropout
A. Dumaret. 1985. "IQ, Scholastic Performance, and Behaviors of Sibs Raised in Contrasting Environments." <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 26, 553–580.	Retrospective, with comparison groups	N = 104 (35 adoptees, 48 own home, 21 foster care) Ages: ? Selection criteria: French study of the offspring of 28 mothers from a disadvantaged background who had abandoned their children with "a view to adoption."	IQ, school performance and behavior, job history and status (for older subjects).	Tests of subjects (in school), questionnaire to teachers, records. Most of testing done in schools. Neither mothers nor children knew they were being studied. Unclear how the job history data were collected (probably record reviews).	None
D.K. Runyan & C. Gould. 1985. "Foster Care for Child Maltreatment: Impact on Delinquent Behavior." <i>Pediatrics</i> , 75, 562–568.	Retrospective, with comparison group	N = 114 foster children = 106 comparison Ages: average of 14 years Selection criteria: Maltreated children in 6 central North Carolina counties who had been in foster family care a minimum of 3 years. Controls were matched maltreated children who were provided services in their own homes.	Juvenile delinquency	Abstracting of cumulative files maintained by social service agency, juvenile courts, and schools.	?

(Continued)

Table 1, Continued

Source	Type of Study	Characteristics of Sample	Outcomes Studied	Data Collection	Attrition
D. Quinton, M. Rutter, & C. Liddle. 1986. "Institutional Rearing, Parenting Difficulties, and Marital Support." In S. Chess & A. Thomas, eds., <i>Annual Progress in Child Psychiatry and Child Development</i> , 1985. New York: Brunner/Mazel.	Prospective, with comparison group	N = 94 ("ex-care" group) = 51 (control) Ages: 21–27 years Selection criteria: Two groups of British women first studied as children in the mid-1960s. First group were girls who had been residents in 1 of 2 children's homes. Comparison group were same age as ex-care group, never had been in care, lived with families in same geographic area and had had school behavior assessed at same age with same questionnaire.	Overall style of parenting, effectiveness and consistency of control, parental sensitivity to the child's needs, expressed warmth toward and criticism of the child.	Interviews with women and spouses, and direct observation of mother-child interactions.	14% dropout ("ex-care" group) 20% dropout (controls)
D. Fanshel, S.J. Finch, & J.F. Grundy. 1990. <i>Foster Children in Life Course Perspective</i> . New York: Columbia University Press.	Retrospective, no comparison	N = 180 106 were interviewed Ages: Early 20s to mid 30s; Average = 24 years. Selection criteria: All former foster children who had been in placement with the Casey Family Program 1966–1984, and who had been discharged by 12/31/84. Included divisions in Washington, Idaho, Montana, California.	Personal and social functioning as adults.	Agency records. Interviews with 106 subjects living in Washington state.	41% dropout
R. Barth. 1990. "On Their Own: The Experiences of Youth after Foster Care." <i>Child and Adolescent Social Work</i> , 7, 419–440.	Retrospective, no comparison group	N = 55 Ages: 17–26 years Selection criteria: Youth who had left foster care in the San Francisco Bay area more than 1 year but less than 10 years prior to the study and who were at least 16 years old at the time of emancipation. All youth had been on their own for at least 1 year.	Employment, contact with foster parents and birth relatives, education, life skills, health, substance use, criminal activity, housing, income.	Interviews, typically in the youths' homes (24% by phone), lasting 1 to 3 hours.	25% dropout

Source: McDonald et al., *Assessing the Long-Term Effects of Foster Care: A Research Synthesis*, IRP Special Report, forthcoming.

much lower—about 10 percent. Although the arrest records are higher than one would expect in the general population, they may not be different from a comparison group controlled for race and economic status. It is clear, however, that adults who had received foster family care participated in less criminal behavior than those who had been in group care or had been living with relatives. Increased ties with family and community of origin were associated with higher rates of criminal behavior. No consistent relationship was found between reason for placement (neglect, abuse, etc.) and subsequent criminal behavior.

Alcohol and drug use do not appear to be particular problems for former foster children, compared to similar groups in the general population.

Family and social support

Results of two of the better-designed studies (see Quinton, Rutter, and Liddle, and Triseliotis and Russell in Table 1) suggest that problems may exist for former foster children in forming stable cohabiting situations, in parenting, and in establishing integrated social relationships in their community. The risks are heightened if the child enters foster care at an older age, if the child has social or behavioral problems, is placed in a group setting, and has ongoing ambiguous contact with biological parents.

Former foster children are likely to have higher numbers of teen pregnancies, more marriages to spouses who failed to provide emotional support, and greater social isolation than the general population. Further findings suggest that the risks of these outcomes are reduced through a nurturing and stable foster family care experience and adoption.

Personal well-being

Conclusions are difficult to draw from the mixed findings of a limited number of studies on physical health. Several studies suggest that compared to the general population, former foster children have poorer physical health, even when income differences are controlled. They also have poorer mental health, as determined by the fact that psychiatric referral and use were higher for them than for adoptees or persons in the general population. Individuals from group settings—particularly whites—scored lower on measures of life satisfaction. They had less self-esteem, less happiness, and less satisfaction with life as a whole than did former foster-home residents and persons in the general population. Yet, as a whole, former foster children do not see life as any less satisfying than do individuals who were not separated from their families during childhood.

What do the findings mean?

All of the findings are equivocal. Although it appears that children who spent their time in family foster homes are

functioning better as adults than those who spent time in group care or at institutions, the explanation for this could simply be that children with severe problems are not put into family care.

Children who were placed in foster care because their parents neglected, abandoned, or abused them had more negative outcomes than those placed because of mental illness, death, imprisonment, or physical illness of the caretaker. Children with fewer different placements while in care also functioned better as adults. But fewer placements could indicate that the child was stable and adaptable to begin with.

Contrary to current thinking, children in foster care for longer times do better than those returned to their biological homes after a short time. This result clearly depends on the quality of the foster care and whether the needs of the children are met when they return home. On the same note, contact and closeness with his/her biological family while in care may be advantageous to the child, or it may be harmful.

A general conclusion drawn by the authors from such findings is that adoption—when available as an option—is a better alternative than long-term foster care. Theoretically, adoption can provide children with a second chance for a supportive and loving family. In practice, however, the adoption process has its pitfalls. Over half the children waiting for adoption must wait two or more years for placement. This is especially true of older children and black children.²¹ Though estimates of failed adoptions range widely, most researchers find that the overall rate is close to 10 percent, with rates as high as 30 percent for subpopulations such as older children and those with special needs and problems.²²

Where adoption is not feasible, long-term foster care, particularly in a stable family setting, can be a desirable alternative to reunification of a family burdened with problems. Foster care alone does not condemn an individual to an unhappy and unproductive life as an adult. Many, if not the majority, of these subjects do survive as adults, but often precariously. While there is no clear evidence that the foster care experience has detrimental effects, it is also clear that it does not adequately mediate the detrimental effects of earlier childhood experiences. As a result, individuals leave foster care with considerably higher risk for negative outcomes in life.

Where do we go from here?

The review emphasizes the need for more and better studies of foster care. The authors support the use of much more rigorous research designs, which include random assignment of children to a variety of placements, on the ground

that available evidence suggests that the process whereby a placement is determined for an abused or neglected child is all but random anyway. "The idiosyncratic nature of placement decisions and resulting inequalities in treatment of children and families are widely discussed and documented in the literature" (see the forthcoming study).

The authors also raise the question of what we should expect from foster care. Is it sufficient that the care doesn't damage children more than they have already been damaged by the events that led to the breakup of their family? Should we rate the foster care as successful if it produces outcomes equal to those of adults in a comparable group in the general population? Or should we seek to devise a system of caring for these needy children that enhances their future chances? ■

¹Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin, "Assessing the Long-Term Effects of Foster Care: A Research Synthesis," Institute for Research on Poverty special report, in press, p. 5.

²U.S. House of Representatives, Committee on Ways and Means, *1992 Green Book: Background Material and Data on Programs within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: GPO, 1992), p. 839.

³*Ibid.*, pp. 842–843. See also Alfred Kadushin and Judith A. Martin, *Child Welfare Services*, fourth edition (New York: Macmillan, 1988), pp. 431–432.

⁴Kadushin and Martin, p. 358.

⁵*Ibid.*

⁶*Ibid.*, p. 359.

⁷Robert E. Shepherd, Jr., "The Abused Child and the Law," in Albert E. Wilkerson, *The Rights of Children: Emergent Concepts in Law and Society* (Philadelphia: Temple University Press, 1973), pp. 76–77.

⁸The rights in the UN Declaration are aspirations that may be a long time in coming; witness Principle 10: "The child shall be protected from

practices which may foster racial, religious, and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow men." The entire proclamation is reprinted in Wilkerson, *The Rights of Children*, pp. 3–6.

⁹For example it is now considered the right of the child born out of wedlock to receive support from its father. The federal Office of Child Support Enforcement has been active in assisting states in locating fathers, establishing paternity, and collecting child support. See on this topic, "The Family Support Act of 1988," *Focus*, 11:4 (Winter 1988–89), pp. 15–18; and Irwin Garfinkel, "The Evolution of Child Support Policy," *Focus*, 11:1 (Spring 1988), pp. 11–16; and Daniel R. Meyer, "Paternity and Public Policy," in this issue of *Focus*.

¹⁰Kadushin and Martin, p. 348.

¹¹*Ibid.*, p. 347.

¹²*Ibid.*, pp. 350–351.

¹³McDonald et al., "Assessing the Long-Term Effects of Foster Care."

¹⁴The ensuing description of government programs is taken from U.S. Senate, Committee on Finance, *Foster Care, Adoption Assistance, and Child Welfare Services*, Committee Print 101–118 (Washington, D.C.: GPO, 1990), and *1992 Green Book*.

¹⁵*1992 Green Book*, pp. 841–842. "The entire federal payment for child welfare services represented a relatively small proportion of the amount that state and local governments had to spend just on maintenance costs alone" (p. 842).

¹⁶*Ibid.*, p. 903.

¹⁷This includes \$835 million for maintenance payments and \$638.2 million for administration and training. The federal government spent an estimated \$50 million during this period on the Independent Living program (see *1992 Green Book*, p. 847).

¹⁸*Ibid.*

¹⁹The individual studies and their results are described in detail in the McDonald et al. paper. A brief summary table, taken from the paper, accompanies this article.

²⁰See, for example, Irving Piliavin, Michael Sosin, and Herb Westerfelt, "Conditions Contributing to Long-Term Homelessness: An Exploratory Study," IRP Discussion Paper no. 853–87, 1987.

²¹*1992 Green Book*, pp. 875–876.

²² See, for example, Thomas McDonald, Alice Lieberman, John Poertner, and Helene Hornby, "Child Welfare Standards for Success," *Children and Youth Services Review*, 11 (1989), 319–330, especially Table 1, p. 324; and Richard P. Barth and Marianne Berry, *Adoption and Disruption: Rates, Risks, and Responses* (New York: Aldine de Gruyter, 1988), p. 96.