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Summary

Outcomes for adults formerly placed in long term foster care were analysed through a follow-up study in the past. The aim was to measure the effects of adverse childhood experiences when placed in foster families by a minimum of five years' coutinous care in a stable environment . The findings in this paper concentrate on the feelings, aspirations and living situations of a sample of 63 young adults, interviewed at least five years after leaving care. Despite cleary varied outcomes, findins show that a stable care environment, backed up by substantial edicational and psychotherapeutic support can go a long way towards helping children separated from their birth families achieved satisfactory social integration in adulthood.

Key words: long term placement, foster families, follow-up, adults, psychosocial outcome

In France out-of-home care has been widely transformed within the past thirty years. Both public and private agencies have considerably developed and expanded their support staffs. The Oeuvre Grancher (OG) a private fostering agency which formed the focus of our research, has rapidely kept pace with this trend. Although the administrative headquarters of the OG are in Paris, the organisation works with foster familiesfrom various agencies located in the middle of France. Originally established in 1904 to protect children whose parents had tuberculosis, since the 1970s, it has been transformed into a foster care agency for special-needs children from families with serious social and mental problems. The OG receives money for foster

placements from local child welfare authorities. Agency staff currently comprise half of full-time social workers, and half of psychiatrists, psychologists and therapists, working part-time. Care-taking practices have evolved essentially in an attempt to avoid disruption in the continuity of the child's care, lessen the impact of change on the child's life, maintain family contacts and improve the supportive environment within the foster families.

As France and the United Kingdom have different arrangements for foster care, some explanation of the French system will be helpful. In France, the system "encourages the early intervention of the judge for children ; most of them are children in likelihood of risk, danger or developmental difficulties" Hetherington et al., 1997). The organisations responsible for child and adolescent placements are the *Aide Sociale à l'Enfance A.S.E.* (Child Welfare), the *Protection Judiciaire de la Jeunesse P.J.J.* (Family Court), and the *Education Specialisée pour les Enfants Handicapés* (Special Education Services for children with disabilities). The research presented here is concerned solely with the *Aide Sociale à l'Enfance* which is now organised and managed on a regional level. Foster carers have been receiving wages since 1977 and must follow professional training (1992). The responsibilities of the *A.S.E* include financial allowances (260,000 children per year, same figures from 1990), preventive and educational measures for the children and their families (120,000 measures per year), and physical placement (about 115,000 children and adolescents,). While three percent of the French population under the age of 20 use one or more of these services, less than 10 out of 1000 children are actually placed in foster care under the aegis of the A.S.E. Half of these 110 000 children live with foster families, and half are institutionalised.

Research background

It was natural that the Oeuvre Grancher would pose questions concerning the impact of these changes on the lives of the children. The educational value of what they had already learned and the ever-growing interest in adolescents and young adults leaving care provoked a desire to develop a research program and reflect on these issues. A research team was set up in 1988 which included an institutional group, consisting of a psychiatrist, a psychologist and a secretary, and an external group, consisting of a researcher and a psychologist who were not affiliated with the institution.

The research on adult outcome of ex-foster children was geared to better understand the adaptation of those young adults who benefited from social an psychological services for a significant period of time while in the care of the foster agency. Outcome was systematically studied from several complementary viewpoints, including that of the foster children as adults, as well as those of their foster carers and the institution. Each of these separate perspectives was used to enhance or correct information given by the others. It is interesting to note that the interviews both allowed us a historical view of the foster-care system and provided us with first-hand accounts of the lives of these particular individuals as foster children: What memories did they have of the people who cared for them? In this article, we will concentrate on the psycho-social situation of the ex-foster children at the time of the study. The results we present were gathered either by direct interviews of the subjects, or, indirectly, from information provided by siblings and/or foster families. The detailed accounts of other findings - in particular, the qualitative analyses of the interviews - are published elsewhere (Coppel-Batsch and

Dumaret, 1995, Dumaret and Coppel-Batsch, 1996, Dumaret et al. 1997). Some of these findings concern the manner in which the adults understand their past - the therapeutic services they received in childhood and their links with their biological parents while they were in care. Others concern their current life as adults - their mental functioning, their value system and way of life, their aspirations for their children.

Previous studies on children in care and their outcome

Most early studies on children and adolescents in care show this population to have a prevalence of developmental deficiencies and behaviour problems. However, due to particularities in the populations studied, it is difficult to make a comparative analysis of these findings. The children's legal status (wards of state, temporary or substitute care), the type of foster care provided (foster or adoptive families, residential institutions), the length of separation from the family, and the time spent in care all vary from study to study. Several studies showing the reversibility of psychological trauma due to deprivation and negative social experiences have encouraged a more optimistic view (Clarke and Clarke, 1976, Tizard and Hodges, 1978). It appears that the impact of neglect and abuse depends, to a large extent, on the continuation of maltreatment during childhood and adolescence (Rutter and Madge, 1976; Essen and Wedge, 1982). Studies on subjects who have experienced a significant upheaval in their social circumstances, such as adoption (Kadushin, 1970, Triseliotis, 1980, Triseliotis and Russel, 1984, Duyme and Dumaret, 1990), or permanent or long-term care in foster families (Fanshel and Shinn, 1978; Rowe et al. 1984; Dumaret, 1988; Aldgate et al. 1992), have highlighted the potential positive effects of such environmental changes, in terms of both intellectual development and school adjustment. But it seems that in the case of behaviour and psychological problems reversibility is slower and more difficult (Dumaret and Stewart, 1989).

It remains to be proved that recovery from psychological trauma can be maintained outside the supportive foster-care environment. Social adjustment and adaptation depends on factors specific to the individuals, such as their previous psycho-social situation, characteristics of their placement, and the new living conditions after leaving care. A question still arises concerning the strength of the intergenerational transmission of family problems. Findings from post-placement studies conducted over the last 30 years suggest that, on the whole, those persons aged 20-30 have profiles which are not as critical as many clinicians or social workers would suggest (Meier 1965, Ferguson 1966, Triseliotis 1980, Dumaret 1982, Bauer 1993).

The present study

The ex-foster children who were selected for this study met three criteria : a placement of at least five years in a foster family, an assessment more than five years after leaving care, and a minimum age of 23. The last two criteria were used to ensuring that the individual was sufficiently far-removed from events that may have happened right after leaving foster care. For some, this was a period of crisis, for others it involved a brief return towards the

family in an attempt to better understand the past. Using these criteria, 59 children among 2843 admissions between 1967 and 1978 were selected. Before 1967, children rarely stayed in care for a long time. Some were placed several times if require by the parents' health (tuberculosis). Four older siblings who met the same criteria were added. In the OG care system, two groups were distinguished according to their care-taking practices: OG1 (2 foster agencies) and OG2 (3 foster agencies), the latter became a specialised foster care division in the early to mid 1970s. Most of the OG1 foster children had been admitted and discharged earlier than the OG2 children. The follow-up study therefore covered 63 adults, 33 men and 30 women, who had left foster care between 1972 and 1984: 22 from the OG1 agencies and 41 from OG2 the agencies. This number appears small when compared to the total population of French children in foster care during the same period of time, but it represents the total population of children who met specific criteria, rather than a general and heterogeneous sample of all long-term foster-care children.

These adults were invited to participate through a letter from the National Institute of Health and Medical Research (INSERM). Some contacts were obtained through foster carers, siblings, or a member of the institution who knew the subject well. Semi-structured interviews were carried out in 1990-92 by researchers who did not know the files and could assure that the subjects' reports would remain anonymous. The interviews began with questions about present life and current living conditions and health. The next series of questions dealt with more sensitive material concerning parental history, family links, and former life in care. Finally, the subjects were asked about the functioning of the child care system they had known, its negative and positive aspects. The researchers' interviews with the young adults involved more than simply collection of data about the individual's current situation. In all cases, the encounter initiated a genuine exchange in which they talked openly about themselves, their memories, their ways of thinking, and their personalities. The subjects' historical accounts were necessarily influenced by the effects of time and memory. However, the information collected was compared with that available in the institutional files, the recollections of the foster carers contacted, and the siblings' interviews. The data which were gathered from the files concerned the family situation at the time of admission, the quality of foster care (number of foster families, educational support and therapy, scholastic achievement), the type of relationship that the subjects maintained with their biological parents (visits, holidays...), and the type of discharge (returning home, towards another institutional care, legal age of majority).

Forty five individuals (71%) were interviewed. The interview data were summarised in an overall social integration score which aggregates six sub-scales : the subjects' health situation as defined by the WHO, their domestic situation (partners and/or children), their occupational situation (stability and change, job status), their family and social relationships (regular or not), and their general psychological state and use of social service supports. This overall social integration score ranges from 3 points (the lowest) to 12 points (for detailed information regarding the quotation of the sub-scales, see Dumaret et al., 1997). The scoring is founded on the presumption that professional activity and/or social relationships, as well as the capacity to build and maintain a family life, are fundamental aspects of *social integration* in adulthood. If social integration is compromised by the presence of risk factors

(mental health, economic and social precariousness...), other factors can help the individual to cope with the environment (work, the presence of a partner...).

The high rate of participation in this study points to both the motivation of these young adults to talk about their personal histories and their foster care experience, and their wish that their experiences and reflections could be helpful to others. If we include data obtained for subjects not directly interviewed, information on adult adaptation and social integration is available for 59 adults (94% of the study population). The strong ties between the personnel of the foster care agencies and some of the young adults was probably also a cause of this high response rate.

Care history of the study sample

Data on fostered children were first collected from case files and examined by two independent assistant researchers. The 63 young adults belong to 35 very large families (11 for OG1 and 24 for OG2). These families had a total of 201 children ; they had an average of 5.7 children per mother compared with 2.7 for the same generation of French women of the same socio-economic class. The families had a large number of other children in care and, as is often the case, were frequently on welfare (Dumaret, Duyme and Tomkiewicz, 1997). Among the 63 children, 35 came directly from the family environment while the 28 others came from residential institutions or foster carers enrolled with public welfare agencies. A large proportion of the children had already had multiple admissions into care, sometimes lasting several years. Nine children admitted before the age of five had virtually never lived with their parents. The parents of children in preventive temporary care often had psycho-social problems that were as serious as those of parents with children placed by court order. In addition to parental tuberculosis (all the families for OG1 and more than a half for OG2), reasons for admission were: maltreatment (5 families), neglect and deprivation (21 families), family violence (18 families), alcoholism (20 families), asocial behaviour (20 families, in twice as many fathers as mothers) and mental illness (7 families, most from the OG2 group). On the whole, parental deviance was considerably more frequent than in the general population.

The mean length of placement was eight years. Fifty-two percent of the children had only one foster family. Despite equivalent lengths of stay in care, boys experienced more changes than girls. Psycho-social support was important for OG1 and OG2 children: 82% of the children received educational and psychological assistance, but children in the OG2 foster families benefited from longer-term and more varied types of support. The therapeutic support was correlated to the level of disturbance in the families. Previous separations from the family and the reasons for admission into care were more important in the subsequent relationships with the biological parents than differences of type of contacts with biological parents in OG1 and OG2. Most children who experienced multiple out-of-home care had rare or erratic contact with their parents.

The mean age at discharge was 15 1/2. Half of the adolescents were 17 years or older when they left care, in both OG1 and OG2 placements.

Outcome in adulthood

The mean age for the 63 subjects was 28 at the time of follow-up. The 45 interviewees ranged in age from 23 to 39. They had fewer general diplomas (67% had none vs 22% for the national population) but more vocational and occupational training (42% vs. 27%). The proportions of persons living with a spouse or partner (80%), persons with children (64%) and those owning their own home (29%) were not very different from the national population (including all social classes). Half of the couples had been living together for more than 7 years. Only two of the interviewees were still living in the custody of others.

Seventy-three percent of the ex-care population had jobs, they did not differ significantly from national norms (81%). The very large majority considered themselves to be in very good or normal health, but 38% noted psychosomatic problems. There was a notable rate of hospitalisations after departure from the foster family. One-third had experimented with drugs at one time or another (particularly those from OG2). Half of these adults maintained regular contact with their foster carers, 40% with their parents, 80% with one or more siblings, and half of the couples had relationships with the spouse's family. A little over a quarter of the subjects had kept up a relationship with the social workers they had known during their time in foster care.

The main socio-demographic and relationship characteristics of these young adults were not fundamentally different from those of other same-age individuals from socially similar backgrounds. They were also comparable to those found in other studies (see Table 1). The finding that more men than women were living alone and childless has been shown by other research, as well (SOS Children's Villages studies; Meier, 1965; Corbillon et al. 1990). It was after leaving care that the ex-foster children tended to get into trouble with the law and the police (10 of the 45 interviewees mentioned four minor offences and six arrests or court convictions). Difficulties in integration arose when they began seeking employment, housing, etc... (Ferguson, 1966; Triseliotis, 1980; Dumaret, 1982; Stein and Carey, 1986; Raithel and Wollensack, 1988).

Overall social integration : relationships between the past and the present

The majority of these adults were satisfied with their situation, despite feeling some degree of stigmatisation. This was particularly true of those who considered that they were not successful because of prejudice concerning their history. At the time of the survey, several profiles were highlighted based on our social integration scale. Data can be summarised as followed (Table 2): 1) 33 persons (56%) had a very good or good social integration status (n=16 and n=17, respectively); 2) 7 had an average status (12%); 3) 19 had a poor integration (32%): they were either partially integrated (12 adults) or poorly integrated (7 adults). Those who have a very good or good social integration status have similar standings for health, social-familial relations, and

professional activity. They reported the following: life with a partner, children raised at home, good health with no reference to psychosomatic problems, and a more extensive social life. The association between social-familial relations and work is also verified for those who are partially integrated. Professional difficulties are more strongly associated with relational than health problems. Poor health is the most prevalent characteristic of those who are partially or poorly integrated: unemployed or working in sheltered workshops, drug or alcohol users, receiving welfare assistance.

Age at admission to foster care and number of foster carers were not determining factors for adult social integration, as was also shown in Festinger's study (1983). In the OG care system, moving in with another carer family does not represent a complete environmental change, as the child stays in the same town with the same foster care staff. The length of placement in care had positive effects on scholastic achievement: most of the young adults with diplomas benefited from long-term stays in a foster family and left care after completing the mandatory number of years in school.

None of the adverse parental situations (antecedents, conflicts, living conditions) alone had a significant impact on social integration. Separations in the preceding generation (parents who were themselves in foster care during childhood and adolescence) were not risk factors for adult social integration of children reared in the OG foster care system. However, cumulative adverse parental problems (social and/or psychiatric disorders), or child problems (multiple placements, type of neglect or abuse) had a significant impact on social integration and outcome, as it has also been shown about adults (Rutter and Quinton, 1984) and young people (Rushton et al., 1995). Among the 19 young adults who were poorly integrated (Table 2), 11 had experienced various kinds of deprivation and family hardship. With the exception of one individual, they all had relatively severe mental health problems (half suffered from psychiatric disorders). The remaining eight had not been subjected to multiple risk factors: only one had severe psychological problems and was not self-sufficient.

Type of foster care agencies (OG1 and OG2), age at the time of the survey, and the overall adult integration score were correlated together. The OG1 adults were four years older on average than those from the OG2 foster care system, and the older adults were better adapted. After leaving care in the 1975s, the older adults found themselves in a better economic environment than that found by those who left between 1983-1984 . Their job histories were therefore more stable. With age, the older adults also had more time to develop social and family relationships. However, after adjustment for age at the time of the survey, adult social integration was not associated with the type of foster care received. Thus, the outcomes of children who lived for a sustained period of time in OG1 and OG2 foster families were not significantly different.

Intergenerational continuities in child placement behaviour

Placement could seem to be almost a fait accompli in some of these families. An examination of the children' files reveals that many of their parents were placed out-of-home during their own childhood or adolescence. In 18 out of the 35 families studied, at least one parent was an ex-care child and

nearly a third of the parents already had additional children with public foster agencies. On the 34 young parents in this study, none had a child placed under the Child Welfare Authorities, although in four cases the oldest child was reared by the other parent or a grandparent,. Consequently, at the time of the survey, the transmission of child placement behaviours seemed to have virtually disappeared in this generation. This is in contrast to the previous generation (that of their parents), where four out of ten children were placed in foster care. Yet, because these new families were not definitively constituted, it would be useful to follow up these findings. Between several months and more than a year after the interviews, we obtained supplementary information on several families. Five of these families were judged to be "at risk" to place their children in care, but we do not know how many will end up doing so. Even if we take a pessimistic view and consider those subjects with low social integration scores to be “at risk”, the rate of intergenerational continuities of placement behaviour would be comparable to Festinger's study, to Corbillon et al.’s findings (8%) and below that obtained by Rutter and Quinton (18%).

The complexity of parent-child relationships: models of identification

It is always difficult for a foster child to understand why he has been placed, even if the reasons are explained. The attenuation of the parent/child relationship once the child is placed might reflect the apathy or self-preoccupation of the parents. One particularly difficult function of social work is to constantly support the parents such that they are able to maintain their role as parents.

All of our subjects criticised the fact that they never knew how long they would stay in care. Many of them did not understand why their parents didn't visit them more often or why the visits were supervised. Those placements which were necessitated by parental illness (tuberculosis) were better accepted by the children and had less negative long-term effects in their relationship with their parents than those which were the results of court orders for the withdrawal of parental rights. The young adults who stayed in regular contact with their biological parents during foster care were, for the most part, those who had not been previously placed. Results showed that the difficulties of parent-child attachment, present even before the arrival in the OG foster family, are generally maintained during placement and confirmed in adulthood. Data indicated that the lack of an early family attachment was rarely reversible, and the beneficial effects of relations between the children and their biological parents during the placement were verifiable only if the encounters were regular. The particular case of rejecting and maltreating parents forces consideration regarding the terms and conditions of these encounters. This question of whether or not the child should remain in contact with the biological parent(s) during the placement remains controversial as mentioned by Tomkiewicz (1995) and Millham et al. (1986) who examined the implications of maintaining parental contacts in their review of studies on children in care or separated from their parents through divorce or hospitalisations.. More than the frequency and regularity of contact, it is the quality of the contact that matters, something that is difficult to evaluate.

It appears that these young adults who had regular contact with their biological parents had the capacity to construct complex models of identification which associated both the two family models that were offered them and that of the adults who were on the foster family staff. Their choices were linked to the age at which they departed from care and the family bonds that existed before admission. As adults, they generally established relationships with one or other of the two families but not both: 13 subjects had regular contacts with their biological parent(s) and only very sporadic relationships with their foster carers, 18 subjects had regular contacts with their foster carers and erratic or no relationships with their biological parents. Only four kept in regular contact with both the foster carers and the biological families. Of the ten who had very little or irregular contact with their biological or foster family, all had suffered multiple separations before the OG admission. All subjects but one mentioned that they had friends.

A historical approach and a testimony of the life of the foster child

This work focuses on the period between 1960 and 1984. It thus examines an epoch which marks a crucial turning-point in the history of ideas concerning foster care and the conception of childhood and children's rights. This evolution of ideas provoked changes at the heart of the foster care agency that are evident in the memories of these young adults. Often, the stories they recount confirm what we imagined: the sadness of certain ruptures, the distress arising of from separation in early childhood and later, the lack of love, the suffering provoked by the stigmatisation of foster care - even if at the time of the study the majority were satisfied with their present situation. Their criticisms and remarks are historical reflections of a certain period of time and mirror the viewpoints of those who helped to make changes in the way that foster children were treated. Certain of the young adults' narratives point to the suffering with which each one of them was confronted - that which was linked to the difficulty of living between two families. With the passing of time, most of the ex-foster children remember having been educated. Two-thirds of the young adults interviewed stated that the institution *"had given [them] something"* ; most felt they had been helped. The structure of family life and the rules of day-to-day living, even if they led to conflicts, appeared to be a protection, a structuring element, a bench mark for them: *"If they hadn't made me behave, I would have become a delinquent. I'll be strict with my children too"*.

Conclusions

The present research aimed to measure, in adulthood, the effects of adverse childhood experiences which were followed by a long-term placement in a stable environment with continuity in care. In the end, it was not the direct effect of changes in institutional practices - transformation from a “classic” foster care system OG1 to a specialised one OG2 - that was evaluated. The children were from different populations and of different ages. The fact that the older persons in the study had the best profiles can be seen as a good sign for most of the younger subjects.

The satisfactory social integration and good general health of the majority of those interviewed can be linked to the stability of the care environment and the substantial educational and psychotherapeutic support they received. Clinical analysis of the interviews, which we have not described here, also allowed us to discover, at least in part, how these subjects were able to mentally integrate their traumatic experiences and memories. They were aided in this work by psychologists, psychiatrists and social workers.

Placement in foster care undoubtedly protected these individuals from serious consequences; many learned to cope with adversity and developed the capacity to accept help in times of trouble. In spite of the fact that they were still young adults at the time of the study, we concluded that the reproduction of maladaptive family patterns was significantly attenuated. It is necessary to emphasize that some of the young adults who were placed with a foster family at a late age after numerous other placements still managed to achieve successful integration. This is also true of some individuals

from very psychologically and socially maladjusted families. However, the links between the past and the present remain complex, and a foster care staff can seldom fully compensate for all the adversities the children in their care have experienced. Severe emotional deprivation over prolonged periods and multiple family deficiencies, along with the absence of support during late adolescence and early adulthood, remain contributing factors to the development of clinical disorders and maladjustment in some of these adults.

Table.

Adult social integration and cumulative risk factors (n=59)

Cumulative RF	Social integration score			Total n
	Poor (scores < 7)	Average (score = 7)	Good (scores > 7)	
≤ RF	8	5	26	39
≥ 2 RF	11	2	7	20
Total (n)	19	7	33	59
Total (%)	*32.2*	*11.9*	*55.9*	*100%*

$\chi^2 = 7.34$ p = 0.025 ; RF: 1) parental childhood and adolescence with placements; parental deviance (social and/or psychiatric disorders ; child's experience before OG admission (multiple admissions in care, type of neglect or abuse) *in Dumaret & Coppel-Batsch, 1996.*

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