

THE BLUE ORCHID

The wind blew through the tears on my petals.
 Trying to stand tall with a break in my stem
 The pain was vicious, but soon would all end
 as the warmth of the sun surrounded me.
 My stem and life started to mend
 My tears dried and with a smile I lifted my
 Face upwards.
 Soon the sun got too hot and I shrivelled in its glare
 Colourless, drab, lost in a field of beauty,
 My time was not yet!
 But change was there and slowly and gently
 The magic wove its spell
 Transformed from the ugliness of the past
 I bloomed
 For a blue Orchid is rare and slow to grow
 But its beauty is eternal.
 L.H.

REFERENCES

- AIHW (2000a) *Child protection Australia* (Chapter 4, Out-of-home care, pp. 34-41). Canberra: Australian Institute of Health and Welfare (web page version).
- AIHW (2000b) *Adoptions Australia 1998-99*. AIHW cat. No. CWS 10. Canberra: Australian Institute of Health and Welfare (Child Welfare Series).
- Barber, J. (1999) The slow demise of foster care in South Australia. Flinders University of South Australia, School of Social Administration and Social Work
- Barth, R., Berry, M., Goodfield, R., & Carson, M. (1987) *Older child adoption and disruption*, Berkeley, CA: University of California, School of Social Work.
- Bath, H. (1998) 'Trends and issues in the out-of-home care of children in Australia', *International Journal of Child and Family Welfare*, 98(2), 103-114.
- Berrick, J., Barth, R. & Needell, B. (1994) 'A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation', *Children and Youth Services Review*, 68, 81-108.
- Borland, M., O'Hara, G. & Triseliotis, J. (1991) 'Placement outcomes for children with special needs', *Adoption and Fostering*, 15(2), 18-27.
- Hollingsworth, L. (2000) 'Adoption policy in the United States: A word of caution', *Social Work*, 45(2), 183-186.
- Hughes, D. (1997) *Facilitating developmental attachment: The road to emotional recovery and behavioural change in foster and adoptive children*, Northville, NJ: Jason Aronson.
- NYSCCC (2000) *Why are post adoption services needed in New York State?*. New York State Citizens' Coalition for Children, Inc. (web site, 2000).
- Szwarc, B. (1985). *Particular care reconsidered*, The follow-up report of the 1979 survey into non-government children's homes and foster care – 30th June 1984. Cheltenham: The Children's Bureau of Australia.

What the research tells us

Permanency planning, adoption and foster care

Dr Judy Cashmore

*Honorary Research Associate
 Social Policy Research Centre, University of New South Wales
 Email: judycash@nsw.bigpond.net.au*

The difficulties children and young people experience in out-of-home care have been well documented in numerous research and inquiry reports and are common to the welfare systems in Australia, Britain and North America. They include:

- the problems children and young people have in maintaining or forming relationships with their carers, their family, and peers;

- having any chance to participate or even be informed about the decisions that are made about their lives;
- emotional and behavioural problems;
- poor educational outcomes, and
- poor physical and mental health.

Many also feel stigmatised because they are in care, and in the worst case, some also suffer abuse at the hands of their carers. When they are discharged to

independent living at 16 or 18, they often gain little or inadequate assistance although this move generally occurs several years before their more advantaged peers move out of home. Their situation on leaving care highlights the overall situation for children and young people in care; although the inadequacy or abusiveness of the parenting that precipitated their entry into care renders them more in need of support and a secure, stable

environment than their adequately parented peers, security and stability in care are not easily achieved.

One of the primary concerns is the lack of stability in care, with most children and young people in care moving and having a number of changes of placement during their time in care. For example, two Australian studies found that fewer than one in three children in care have had only one placement while in care, with some having as many as five to ten or more placement changes (Cashmore & Paxman, 1996; Fernandez, 1996). Nearly half the changes in Cashmore and Paxman's study were a result of a breakdown in the relationship between the carer and the child; some were a result of unforeseen events such as the illness or death of the carer or the closure of the unit; fewer than one in three were planned moves. Whatever the reason, a change in placement often necessitates a change in school and requires children who may already have trouble trusting others to make new relationships both in the placement, at school, and in other social networks. As Berridge and Cleaver (1987) pointed out, such changes, especially if they are precipitated by a rejection by the previous carers, may be very emotionally stressful and may shatter children's 'fragile trust' in the permanence of adult relationships.

The recognition of the damage that can be done to children left to 'drift' in care without some stability and continuity of relationships is not new, but the coincidence of several issues is now bringing renewed pressure for permanence. The pressure on the substitute care system in many countries has been increasing for some time as an increasing focus on child protection has resulted in more reported cases of abuse and neglect and fewer workers able to 'specialise' and concentrate on providing support to the children already in the 'system'. At the same time, the number of foster carers recruited and retained as carers has not kept pace with the demand, and the small pool means that there is inadequate matching of carers with children. This in turn increases the likelihood of placement break-down and carers leaving the system. More recently, an increase in, or increased

recognition of the problems associated with substance abuse has also coincided with concern about the deleterious effects of adverse or 'toxic' environments on early brain development (Garbarino, 1995). Where parental substance abuse, violence, and/or mental illness mean that it is unlikely that some young children will ever be able to return to live at home safely, concerns about the inadequacy of the care system and the need for some stability and 'permanence' for these children have led to heightened pressure in England, the US, and now in Australia to find ways to provide a 'permanent' home for these children.

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PERMANENCY PLANNING OPTIONS

The original permanency planning movement developed first in the US where it was interpreted broadly in terms of placement prevention work, planned re-unification and later the expansion of kinship care, and the termination of parental rights and adoption (Kelly, 2000). The more recent push in the US and the current development in the UK are focussed on adoption as an important and under-used avenue to a permanent placement. To some extent this is because adoption has been seen as providing more successful outcomes than long-term foster care, but also because it is seen as frustrating the birth parent's right to challenge the need for the child to

remain in care or in a particular placement. It is, however, one, and not the only, approach to permanency planning, and there is some contention around the claim that adoption is necessarily more successful than other ways of meeting the child's need for stability – and in particular, that it is more successful than long-term foster care.

HOW IS SUCCESS MEASURED?

The most commonly used outcome measure in research on the long-term outcomes of out-of-home care is the placement disruption rate or the number of care arrangements children experience during their time in care. Its common use is partly a result of the concern about the problems arising from the lack of stability and security for children in care but also because it provides a useful quantitative measure for comparison purposes across types of care, although there are some difficulties associated with varying definitions of placement disruption.⁶

A critical but less commonly used measure of success involves children's and young people's perceptions of the security and quality of the care they receive, as well as the satisfaction of the carer with the way the placement is progressing. If the child is unhappy and does not feel secure, then the outcome is clearly not positive or 'successful' at that time, although it is possible that the underlying difficulties may be resolved. If the carer is unhappy with the child's behaviour or attachment to the carer, the stability and continuity of the placement is likely to be at risk (Jackson & Thomas, 1999).

Other important long-term outcome measures include children's educational progress and achievement at school, their emotional and social development, and the extent to which they have been able to maintain some continuity in their relationships with their family and

⁶ Another related measure of success is whether the placement lasted as long as needed or as planned. Although the placement may have been short-term, it may have been successful in terms of what it was intended to achieve (eg, to provide needed respite).

friends, and in their schooling. Although there is some research on these aspects, there are considerable gaps in our knowledge about these longer-term outcomes and what factors maximise positive outcomes (Jackson & Thomas, 1999).

Despite the limitations of placement disruption rates, they provide a convenient and quite useful comparative measure of the stability of various forms of placement for children and young people who have been removed from their family home because of concerns about their safety and welfare. These placements include restoration to home, short and longer-term foster care, relative care and adoption.

The overall conclusions that can be drawn from these studies are that:

- Children can be successfully restored home even where their parents have been judged unable to provide adequate care but this may require intensive support; up to a quarter may re-enter care some time later, however, and they may be somewhat more likely to do so than children who are adopted or placed in long-term foster care (Farmer & Parker, 1991; Fein & Maluccio, 1984; Sherman, Neuman & Shine, 1973; Trent, 1989).
- Few short-term foster placements end prematurely (10%) but more last longer than intended (28%) (Berridge & Cleaver, 1987; Gorin, 1997). They generally 'achieve most of the aims set for them' (Kelly, 2000, p. 81).
- About half of the professional or specialist treatment placements for difficult adolescents lasted as long as needed and achieved their aims (Hill et al., 1993; Rowe, Hundleby & Garnett, 1989).
- Relative or kinship care placements, more common in Australia (NSW) and the US than in the UK, can provide greater stability and better outcomes for children than non-relative foster care (Benedict, Zuravin, & Stallings, 1996; Link, 1996) but there is some concern about a lack of careful assessment and adequate support for these placements and about the reduced chances of successful reunification

with the parents (Scannapieco, 1999).

- Estimates of the disruption rate for long-term fostering arrangements vary, depending upon the time frame used, and the age of the child at placement, ranging from 4% for pre-school children in the first year to about 50% for older children within five years of placement (Berridge & Cleaver, 1987; Department of Health, 1991; George, 1970; Kelly, 2000; Parker, 1966; Rowe, Hundleby & Garnett, 1989).
- The average disruption rate for adoption is about 20% but again varies with the age of the child at placement, from under 5% for infants to 40-50% for 11 to 12-year-olds (Fratter et al., 1991; Central Office of Information, 2000).

FACTORS AFFECTING OUTCOMES AND STABILITY IN CARE

The research findings about the factors associated with higher disruption rates and with less successful outcomes are generally consistent. Indeed, the same factors are common to both long-term fostering and adoptive placements, and fall into placement-related, child-related and system-related factors.

Age at placement

The child's age at placement is consistently associated with placement instability, with placements generally more likely to end prematurely, the older the children, and the older they are when separated from their mother. This applies to both long-term fostering and adoption (Berridge & Cleaver, 1987; Fratter et al, 1991; George, 1970; Holloway, 1997; Parker, 1966; Rowe, Hundleby & Garnett, 1989). There is, however, some variation between studies in relation to the vulnerability of particular age groups. For example, Berridge and Cleaver (1987) found that the highest rate of placement break-down was for children in middle childhood (6 to 11 years) whereas it was 12 to 14-year-olds in Thoburn et al.'s (1986) study. An additional factor in relation to adoption is that adoptive placements may be more vulnerable where the adoptive parents have been

persuaded to adopt a child considerably older than the child they had in mind.

Time in the placement

Placements are more vulnerable to break-down within the first one to two years (Berridge & Cleaver, 1987; Fratter et al., 1991; George, 1970; Kelly, 1995).

Time in care and number of prior placements

The longer the child has been in care (especially in residential care) and the more placements they have experienced before the current one, the more likely the new placement is to break-down (George, 1970; Parker, 1966). Berridge and Cleaver (1987) found, however, that foster care placements following a brief period in residential care were more likely to be stable than those that followed entry from home or from another foster placement.

Children's emotional and behavioural problems

The child's behaviour, especially behavioural or emotional problems identified by the carer, is a consistent factor associated with placement break-down (Fratter et al., 1991; Palmer, 1996; Parker, 1966).

Presence of other children in the household

The critical factors are the age of the other children and their relationship to the carer or the placed child. Where the carers have children who are close in age to the placed child or children under five, the placement is more vulnerable to break-down than where the carers have no children of their own or older children (Berridge & Cleaver, 1987; George, 1970; Kelly, 1995; Parker, 1966). Placements are, however, less likely to break down when children are placed with their siblings or with other unrelated foster or adopted children (Berridge & Cleaver, 1987; Fratter et al., 1991; Parker, 1966; Trasler, 1960; Department of Health, 1991).

Contact with family members

For children in short-term foster care, continued contact with their parents and family is a strong predictor of their chances of returning home (Fanshel & Shinn, 1978; Fernandez, 1996; Millham et al., 1986). While attachment theory has focused on the benefits for

children's emotional and social development of a continuing sense of 'connectedness' with their birth family (Maluccio, Fein & Olmstead, 1986), there are considerable barriers to children and young people in longer-term care maintaining regular contact with their parents, siblings, and other relatives (Millham et al., 1986). Although many young people return to their parent's home (at least in the short-term) after they leave care, and it seems obvious that some continuity of contact would ease this process and assist in relation to identity issues, the research evidence about the value of contact is mixed and the conclusions contentious (Quinton et al, 1997; Ryburn, 1999). On the one hand, some researchers have highlighted the positive effects of contact (Berridge & Cleaver, 1987; Fratter et al., 1991; Ryburn, 1999) while others have found little or no difference between open and closed placements (Barth & Berry, 1988; Quinton et al., 1997). In particular, the research as yet provides little guidance as to the children for whom contact is not helpful or even harmful nor to the value, meaning and necessary frequency of contact for children who are permanently placed at a very young age. At this stage, however, there is no evidence that contact in general undermines or disrupts placements. There is, however, clear information from children and young people that they generally want more contact than they are able to have. This is an area in which more careful research and carefully structured and supported contact is needed.

Carer's age, commitment and resources

Several studies have found that placements with older women (over 40) and more experienced carers are less likely to break down than those with younger and less experienced carers (Berridge & Cleaver, 1987; Kelly, 1995; Trasler, 1960). There is also evidence that higher rates of pay and appropriate support and training contribute to the stability of care (Chamberlain, Moreland & Reid, 1993; Jackson & Thomas, 1999).

With the exception of family contact, the factors outlined above have each been quite consistently associated with placement break-down (and some with

other outcome measures). This does not mean that they can be said to cause placement break-down but they can be seen as risk factors which increase the likelihood in various ways, either directly or indirectly. The processes by which these factors might have an effect are not yet well understood, although it is likely that some factors are inter-related and their effect may compound or be mediated by these other factors. For example, placement break-down is less common for younger children; younger children are also more likely than older children to enter care as part of a sibling group, and this has also been found to 'protect' against placement disruption. Conversely, children who have been in care longer may be more likely to have emotional and behavioural problems, and both these factors increase the risk of placement break-down.

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While some of the studies are more sophisticated in their analysis, Fratter et al. (1991) acknowledge the difficulty of 'identifying factors associated with successful outcomes' because 'different variables are associated with different outcomes for different groups of children' (p. 56). What is significant, however, is that the factors that are associated with the stability of long-term foster care are the same factors that affect adoption. Furthermore, when the differences in age at placement and the resources involved in the assessment and approval process are taken into account, the differences in the disruption rates of long-term foster care and adoption are considerably reduced or disappear (Fratter et al., 1991;

Thoburn, 1991).⁷ As Kelly (2000) points out, it is important to be aware that there is a strong value base to the heated debate about the relative benefits of adoption and other approaches to permanence and in particular, including foster care; also that there is a 'higher price' attached to adoption in relation to the demands of the legal process, the care taken in the assessment, and the likely but increasingly less frequent loss of contact for children with their birth family. The critical question, however, is not the resources involved but what difference it makes to the children and young people involved.

CHILDREN'S AND YOUNG PEOPLE'S VIEWS

Perhaps the best or the most important measure of success is what the children and young people involved think of the alternatives. First, although the focus on the instability and the associated problems in the out-of-home care system imply that the outlook for children in foster care is bleak, this is not the case. Some children and young people do very well in care, and indeed, most still say they were better off in care than they would have been if they had remained with their parents (Cashmore & Paxman, 1996; Community Services Commission, 2000; Festinger, (1983) cited in Kelly, 2000, p. 62).

There do, however, seem to be some differences in favour of adoption. One aspect of this concerns a sense of permanence, a feeling of belonging, and the 'status' of being adopted as opposed to the stigma of being in care (Community Services Commission; 2000; Kelly, 2000). Another concerns the fact that an adoptive 'placement' is not subject to an appeal by the birth parents against the placement once an order has been made whereas foster placements normally are. Adoption may also remove some of the ambiguity and apprehension young people may feel about their status in the family after

⁷ Indeed, it is now recognised that, when the age and increasingly difficult behaviour of children being placed is taken into account, long-term foster placements now break down less than they did 30 years ago and no more than adoptive placements.

being discharged from care. Another aspect relates to the normalization of the placement because of the lack of intrusion by agencies, although this too is changing with the continuation of post-adoption support.

While adoptive parents generally have control over the extent to which the children have contact with members of their birth families, this is changing with the advent of open adoption and the general acceptance that contact serves a useful purpose in terms of children's knowledge of their identity and wanting to know their origins.

How children and young people feel about their care – adoptive or permanent long-term foster care – is also likely to be affected by their choice in the matter. Some children do not want to be adopted so other choices or approaches to permanency planning are necessary. A significant difference, however, between foster placements and adoption for children who are old enough to be asked is that there is generally little choice given to children in relation to any particular foster placement. They may, however, have some choice over the use of the family's surname and this may meet some of their needs for a sense of belonging as long as other aspects of their treatment there do the same. Lahti (1982), for example, found that children's sense of permanence came from the inclusiveness of the placement and was related to the success of the placement but was not necessarily associated with legal permanence. As the recent UK Prime Minister's Review of Adoption (Central Office of Information, 2000) cautions, leaving children without a legal parent after being 'freed' for adoption but without 'being chosen' may leave children in limbo with less permanence and security than being in long-term foster care.

IMPLICATIONS FOR POLICY AND PRACTICE

The obvious question is: could more use be made of adoption? As in the UK and US, the answer is 'yes' and the reasons why it does not happen and why there is not the emphasis on permanence or, preferably, continuity of relationships, that there should and could be are similar. While some relate to the law and the delays in the court process, a

number of improvements could be made with little or no change to the legislation. Why isn't it happening?

First, there appear to be a number of clear barriers to permanency, mostly related to the lack of specialist workers and court professionals with the skill and the time to devote to the work required to develop, monitor and implement plans and to manage the adoption process. The UK Prime Minister's Review of Adoption (Central Office of Information, 2000) has concluded that there is no evidence of an anti-adoption culture there – it is more a matter of workers being inexperienced and relatively untrained in adoption work, and being committed to trying to work in partnership with parents (sometimes not 'reading' the history of the case and the previous failed attempts at restoration), as well as the lack of procedures to 'ensure that they think more widely. Elliot's (1992) thesis on the NSW scene came to very similar conclusions – that the workers did not have the time or skill to do what is required to progress adoptions.

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Secondly, the UK review (Central Office of Information 2000) also indicated that there is a shortage of available recruited adoptive parents, and an inability to match children and adopters efficiently, with as many children waiting to be adopted as adopters waiting to adopt. Problems with a lack of post-adoption support and the financial disincentive for foster

carers to adopt children in their care were also seen as exacerbating this shortage.

Interestingly, the same issue concerning judicial reluctance to make an order for adoption without knowing who the particular adoptive parents will be were also identified as problems in the UK. This is a concern in NSW and other Australian jurisdictions, with magistrates making short-term rather than long-term orders when the agency is unable to indicate beforehand who the carers will be. Adoption is seen by some as providing a solution to this difficulty whereas it clearly operates in a similar way in relation to adoption in the UK, and was criticised in the UK review as 'unworkable' (Central Office of Information, 2000). The review therefore came to the conclusion that while most of the changes recommended could be achieved without legislation, there are some benefits to be achieved by providing some new mechanisms in relation to timeliness and consent, and by underlining the duty of the Local Authorities to support adoptive and birth families after the adoption.

As Kelly (2000) points out, the

... difficulties of achieving adoption have led to various developments in adoption practice in the United Kingdom that have brought it closer to foster care – payment of allowances, encouraging foster parents to adopt and openness to birth family contact' (p. 68).

At the same time, there have been some changes in fostering practice

... to take account of the central criticism of much research and commentary – the need for children to have a greater sense of permanence (p. 68).

Making available orders which provide some intermediate legal status between fostering and adoption (eg, permanent care orders (Vic), sole parenting responsibility orders (NSW)) and requiring parents to show a significant change in circumstances before applying for a variation or rescission of an order go some of the way. Other strategies to overcome the barriers to permanence for children include specialist workers with the time and the skill to do the work, and able to provide some continuity in relationships with

and for children in care. Financial support and post-adoption casework support, if requested, will also make the planning for children in care more conducive to permanency and to the continuity of relationships important to them.

There are, however, no simple solutions.

The appeal of a single truth, a dominant fashion, or a simple formula to cut through moral dilemmas is highly seductive. But in the extreme, single truths sweep all in their path; they brook no exceptions; they claim global compassion but become case insensitive (Howe, 1998, p.13).

REFERENCES

Barth, R. P. (1997) 'Effects of age and race on the odds of adoption versus remaining in long-term out-of-home care', *Child Welfare*, 76, 285-308.

Barth, R. P. & Berry, M. (1988) *Adoption and disruption: Rates, risk and responses*, New York: Aldine de Gruyter.

Benedict, M., Zuravin, S. & Stallings, R. (1996) 'Adult functioning of children who lived in kin versus non-relative family foster homes', *Child Welfare*, 75, 529-549.

Berridge, D. & Cleaver, H. (1987) *Foster home breakdown*, Oxford: Blackwell.

Cashmore, J. & Paxman, M. (1996) *Wards leaving care: A longitudinal study*, Sydney: NSW Department of Community Services.

Central Office of Information (2000) 'Adoption: Prime Minister's review - Issues for consultation', [On-line]. Available: www.cabinet-office.gov.uk/innovation/2000/adoption/HTML/default.htm.

Chamberlain, P., Moreland, S. & Reid, K. (1993) 'Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children', *Child Welfare*, 72.

Community Services Commission (2000) *Voices of children and young people in foster care: Report from a consultation with children and young people in foster care in New South Wales*, Sydney: Author.

Department of Health (London) (1991) *Patterns and outcomes in child placement: Messages from current research and their implications*, Her Majesty's Stationery Office.

Dumaret, A. C., Duyme, M. & Tomkiewicz, S. (1997) 'Foster children: Risk factors and development at a preschool age', *Early Child Development and Care*, 134.

Elliot, D. (1992) Permanency planning and child welfare in New South Wales: Where from and where to? Unpublished manuscript, University of Sydney.

Fanshel, D. & Shinn, E. B. (1978) *Children in foster care: A longitudinal study*, New York: Columbia University Press.

Farmer, E. & Parker R. (1991) *Trials and tribulations: A study of children home on trial*, London: HMSO.

Fein, E. & Maluccio, A.N. (1984) 'Children leaving foster care: Outcomes of permanency planning', *Child Abuse and Neglect*, 8, 425-431.

Fernandez, E. (1996) *Significant harm: Unraveling child protection decisions and substitute care careers of children*, Aldershot: Avebury.

Festinger, T. (2000) 'No one ever asked us', New York: Columbia, cited in G. Kelly & G. Gilligan (Eds.), *Issues in foster care* (p. 62). London: Jessica Kingsley.

Fratter, J., Rowe, J., Sapsford, D. & Thoburn, J. (1991) *Permanent family placement: A decade of experience*, London: British Agencies for Adoption and Fostering.

Garbarino, J. (1995) *Raising children in a socially toxic environment*, Jossey-Bass, San Francisco.

George, V. (1970) *Foster care: Theory and practice*, London: Routledge and Kegan Paul.

Gilligan, R. (2000) 'The importance of listening to children in foster care', G. Kelly, & R. Gilligan (Eds.), *Issues in foster care: Policy, practice and research* (pp. 40-58). London: Jessica Kingsley.

Gorin, S. (1997) *Time to listen? Views and experiences of family placement*, Report No. 36, Social Services Research and Information Unit, University of Portsmouth.

Hill, M., Nutter, R., Giltinan, D., Hudson, J. & Galaway, B. (1993) 'A comparative survey of specialist fostering in the UK and North America', *Adoption and Fostering*, 17(2), 17-22.

Holloway, J. (1997) 'Outcome in placements for adoption or long-term fostering', *Archives of Diseases of Childhood*, 76, 227-230.

Howe, D. (1998) 'Adoption outcome research and practical judgement', *Adoption and Fostering*, 22, 2.

Jackson, S. & Thomas, N. (1999) *On the move again? What works in creating stability for looked after children*, Essex: Barnardo's.

Kelly, G. (1995) 'Foster parents and long-term placements: Key findings from a Northern Ireland study', *Children and Society*, 9(2), 19-29.

Kelly, G. (2000) 'Outcome studies of foster care', G. Kelly, & R. Gilligan (Eds.), *Issues in foster care: Policy, practice and research* (pp. 59-84). London: Jessica Kingsley.

Lahti, J. (1982) 'A follow-up study of foster children in permanent placements', *Social Service Review* (University of Chicago), 556-571.

Link, M. (1996) 'Permanency outcomes in kinship care: A study of children placed in kinship care in Erie County, New York', *Child Welfare*, 75(5), 509-528.

Maluccio, A., Fein, E. & Olmstead, K. (1986) *Permanency planning for children: Concepts and methods*, London: Tavistock.

Millham, S., Bullock, R. & Hosie, K. (1986) *Lost in care*, Aldershot: Gower.

Palmer, S. (1996) 'Placement stability and inclusive practice in foster care: An empirical study', *Children and Youth Services Review*, 18, 589-601.

Parker, R. (1966) *Decision in child care: A study of prediction in fostering*, London: George Allen and Unwin.

Quinton, D., Rushton, A., Dance, C. & Mayes, D. (1997) 'Contact between children placed away from home and their birth parents: Research issues and evidence', *Clinical Child Psychology and Psychiatry*, 2, 393-413.

Quinton, D., Selwyn, J., Rushton, A. & Dance, C. (1999) 'Contact between children placed away from home and their birth parents: Ryburn's "reanalysis" analysed', *Clinical Child Psychology and Psychiatry*, 4(4), 519-531.

Rowe, J., Hundleby, M. & Garnett, L. (1989) *Child care now: A survey of placement patterns*, London: British Agencies for Adoption and Fostering.

Ryburn, M. (1999) 'Contact between children placed away from home and their birth parents: A reanalysis of the evidence in relation to permanent placements', *Clinical Child Psychology and Psychiatry*, 4(4), 501-518.

Scannapieco, M. (1999) 'Kinship care in the public child welfare system: A systematic review of the research', R. L. Hegar, & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice and research*, New York: Oxford University Press.

Sherman, E., Neuman, R. & Shyne, A. (1973) *Children adrift in foster care*, New York: Child Welfare League of America.

Thoburn, J., Murdoch, A. & O'Brien, A. (1986) *Permanence in child care*, Oxford: Blackwell.

Trasler, G. (1960) *In place of parents: A study of foster care*, London: Routledge and Kegan Paul.

Trent, J. (1989) *Homeward bound: The rehabilitation of children to their birth parents*, Barnardo's UK.

Weil, T. P. (1999) 'Children at risk: Outcome and cost measures needed', *Child Psychiatry and Human Development*, 30(1), 3-18.