Effects in adulthood of separations and long-term foster care: A French research study

Annick-Camille Dumaret and Marthe Coppel-Batsch discuss findings from a French research study into outcomes for adults formerly placed in long-term foster care. The aim of the research was to measure the effects of adverse childhood experiences when followed by a minimum of five years’ continuous care in a stable environment. A number of viewpoints were obtained during the course of the study, including those of foster carers and the agency through which all the placements in question were made. However, the findings in this article largely concentrate on the feelings, aspirations and living situations of a sample of 63 young adults, interviewed at least five years after leaving care. Despite clearly varied outcomes, the authors conclude that a stable care environment, backed up by substantial educational and psychotherapeutic support, can go a long way towards helping children separated from their birth families achieve satisfactory social integration in adulthood.

Introduction

In France out-of-home care has been widely transformed within the past 30 years and both public and private agencies have considerably developed and expanded their support staff. The Oeuvre Grancher (OG), a private fostering agency which formed the focus of our research, has rapidly kept pace with this trend. Although the administrative headquarters of the OG are in Paris, the organisation works with foster families from 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 full-time social workers and half psychiatrists, psychologists and therapists, working part time. Caretaking practices have evolved primarily to try to avoid disruption in the continuity of the child's care, to lessen the impact of change on his or her life, to maintain family contacts and to improve support 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 (ASE), concerned with child welfare; the Protection Judiciaire de la Jeunesse (PJJ), family court; and the Education Spécialisée pour les Enfants Handicapés, a special education service for children with disabilities. The research presented here is concerned solely with the first of these, the ASE, which is now organised and managed on a regional level.

Foster carers have been receiving wages since 1977 and are required to undergo professional training. The responsibilities of the ASE include financial allowances (260,000 children per year), preventive and educational measures for the children and their families (120,000 measures per year), and placement of children away from home (about 115,000 children and adolescents).

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Key words: long-term foster care, outcomes, France

1 Although it had virtually died out by the end of the 1960s, almost all children placed before this period had parents who suffered from tuberculosis. This is reflected in the two types of fostering agencies (OG1 and OG2) referred to in this article.
While three per cent of the French population under the age of 20 use one or more of these services, less than ten in every 1,000 children are actually placed in care under the aegis of the ASE. Half of these children live with foster families and half are in residential care. The ASE places children with families from agencies like the OG.

Research background
It was natural that the OG would raise questions about the impact of these changes on the lives of the children. The educational value of what the agency had already learned, together with a growing interest in adolescents and young adults leaving care, provoked a desire to develop a research programme and reflect on these issues. A research team was set up in 1988 which included an internal group, consisting of a psychiatrist, a psychologist and a secretary, and an external group, comprising a researcher and a psychologist who were not affiliated with the agency.

The research on adult outcomes of ex-foster children was aimed at better understanding the adaptation of those young adults who experienced social and psychological services for a significant period of time while in the care of the fostering agency. Outcome was systematically studied from several complementary viewpoints, including those of the foster children as adults, their foster carers and the agency. 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, and their memories of the people who cared for them. In this article, we will concentrate on the psychosocial situation of the ex-foster children at the time of the study. The results we present were gathered either by direct interviews with 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 et al., 1996, 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 birth parents while they were in care. Others focus on their current life as adults – their mental functioning, their value system and way of life, and their aspirations for their children.

Previous studies on children in care and their outcomes
Most early studies of children and adolescents in care show them to have a high 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 or deprivation during childhood and adolescence (Rutter and Madge, 1976; Essen and Wedge, 1982). Studies on subjects who have experienced adoption (Kadushin, 1970; Triseliotis, 1980; Triseliotis and Russell, 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. However, 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 depend on factors specific to the individuals, such as their previous psychosocial situation, characteristics of their placement and the new living conditions after leaving care. A question still arises concerning the strength of the inter-generational transmission of family problems. Findings from post-placement studies conducted over the last 30 years suggest that, on the whole, those persons aged 20 to 30 have profiles which are not as critical as many clinicians or social workers would suggest (e.g. Meier, 1965; Ferguson, 1966; Triseliotis, 1980; Dumaret, 1982; Bauer et al., 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 were used to ensure 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 to the family in an attempt to better understand the past. Using these criteria, 59 children among 2,843 admissions between 1967 and 1978 were selected. Four older siblings who met the same criteria were added.

This follow-up study therefore covered 63 adults – 33 men and 30 women – who had left foster care between 1972 and 1984. In the OG care system, two groups were distinguished according to their caretaking practices: OG1 (two conventional foster agencies) and OG2 (three foster agencies), the latter being a specialised foster care division in the early to mid-1970s. Most of the OG1 foster children had been admitted and discharged earlier than those in the second group. Twenty-two of the planned sample were from the OG1 agencies and 41 from OG2. The total sample appears small when compared to the total population of French children in foster care during the same period, but it represents all those 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 weren’t familiar with the files and could assure that the subjects’ reports would remain anonymous.

The interviews began with questions about current circumstances and health. The next series of questions dealt with more sensitive issues such as parental history, family links and former life in care. Finally, the subjects were asked about the functioning of the childcare system they had known, in terms of its negative and positive aspects.

The researchers’ interviews with the young adults involved more than simply collection of data about their individual situations at the time. In all cases, the encounter initiated a genuine exchange in which the subjects talked openly about themselves, their memories, their ways of thinking and their personalities. Their historical accounts were necessarily influenced by the effects of time and memory. However, the information gathered 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 birth parents (visits, holidays, etc) and the type of discharge (returning home, towards further institutional care, legal age of majority).

Forty-five individuals (71 per cent) were interviewed. If we include data obtained for subjects not directly interviewed, information on adult adaptation and social integration is available for 59 adults (94 per cent of the...
study population). The high rate of participation in this study points both to the motivation of these young adults to talk about their personal histories and their foster care experience, and to their wish for their experiences and reflections to be helpful to others. The strong ties between agency staff and some of the young adults also probably contributed to this high response rate.

The interview data were summarised in an overall social integration score which aggregates six sub-scales:
1. the subjects’ health situation;
2. their domestic situation (partners and/or children);
3. their occupational situation (stability and change, job status);
4. their family and social relationships (regular or not);
5. their general psychological state; and
6. their use of social service supports.

This overall social integration score ranges from three points (the lowest) to 12 points. (For detailed information regarding the sub-scales, see Dumaret et al., 1997.) The scoring is based on the presumption that employment 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 (e.g., mental health, economic and social precariousness), other factors can help the individual to cope with the environment (e.g., work, the presence of a partner).

**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 belonged to 35 very large families (11 for OG1 and 24 for OG2). These families had a total of 201 children, making 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 dependent on state benefits (Dumaret et al., 1997). Among the 63 children, 35 came directly from their birth family environment while the 28 others originated from residential institutions or foster carers enrolled with public welfare agencies. A large proportion of the children had already experienced multiple admissions into care, sometimes lasting several years. Nine children admitted before the age of five had virtually never lived with their birth parents. The birth parents of children in preventive temporary care often had psychosocial problems that were as serious as those of parents with children placed by court order. In addition to parental physical illness (all the families for OG1 and more than a half for OG2), reasons for admission were: maltreatment (five 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 (seven families, most from the OG2 group). On the whole, parental problems occurred considerably more often than in the general population.

The mean length of placement was eight years. Fifty-two per cent of the children had only one foster family. Despite equivalent lengths of stay in care, boys experienced more changes than girls. Psychosocial support was important for OG1 and OG2 children: 82 per cent received educational and psychological assistance but children in the OG2 foster families were provided with longer-term and more varied types of support. The therapeutic support was correlated with the level of disturbance in the families. Previous separations from the family and the reasons for admission into care were more associated with patterns of subsequent relationships with the birth parents than differences of type of contacts with birth 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 15½. In both OG1 and OG2 placements half of
Outcomes 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. Compared with the national population they had fewer general diplomas (67 per cent had none versus 22 per cent) but more vocational and occupational training (42 per cent versus 27 per cent). The proportions of people living with a spouse or partner (80 per cent), of people with children (64 per cent) and of those owning their own home (29 per cent) were not very different from the national population (including all social classes). Half of the couples had been living together for more than seven years. Only two of the interviewees were still living in the custody of others.

Seventy-three per cent of the ex-care population had jobs, so they did not differ significantly from national norms (81 per cent). The very large majority considered themselves to be in very good or normal health, but 38 per cent reported psychosomatic problems. There was a notable rate of hospitalisations after departure from the foster family. Half of these adults maintained regular contact with their foster carers, 40 per cent with their parents, 80 per cent 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 individuals of the same age from socially similar backgrounds. They were also comparable to those found in other studies mentioned above. The finding that more men than women were living alone and childless has also been shown by other research (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 (ten of the 45 interviewees mentioned four minor offences, and six arrests or court convictions). Difficulties in social integration arose when they began seeking employment, housing, etc (cf. Ferguson, 1966; Triseliotis, 1980; Dumaret, 1982; Stein and Carey, 1986; Raithel and Wollensack, 1988).

Overall social integration: relationships between past and present

The majority of these adults were satisfied with their situation, despite feeling some degree of stigmatisation. This was particularly true of those who attributed their lack of success to 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 follows (Table 2):

1. Thirty-three persons (56 per cent) had very good or good social integration status (n=16 and n=17, respectively).
2. Seven (12 per cent) had an average status.
3. Nineteen (32 per cent) had poor integration; they were either partially integrated (12 adults) or poorly integrated (seven adults).

<table>
<thead>
<tr>
<th>Cumulative risk factors</th>
<th>Social integration score</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>(scores &lt; 7)</td>
<td>(score = 7)</td>
<td>(scores &gt; 7)</td>
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<tr>
<td>≤ 1. Risk factors</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>≥ 2. Risk factors</td>
<td>11</td>
<td>2</td>
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χ² = 7.34 p = 0.025

Risk factors comprised 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). See Dumaret and Coppel-Batsch, 1996.

Those who had a good or very good social integration status had similar standings for health, social-familial...
relations and employment activity. They reported 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 was also verified for those who were partially integrated. Employment difficulties were more strongly associated with relational than health problems. Poor health was the most prevalent characteristic of those who were partially or poorly integrated, for instance those who were unemployed or working in sheltered workshops, drug or alcohol users and/or 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 (eg antecedents, conflicts, living conditions) alone had a significant impact on social integration. Separations in the preceding generation (eg 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 (eg social and/or psychiatric disorders) or child problems (eg multiple placements, type of neglect or abuse) had a significant impact on social integration and outcome, as has already 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 1), 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 on average four years older than those from the OG2 foster care system, and the older adults were better adapted. After leaving care in the 1975s, compared to those who left between 1983 and 1984, the older adults found themselves in a better economic environment. 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.

Inter-generational continuities in child placement behaviour
An examination of the children’s 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. Of 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 a need for child placement 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. Since these new families were not yet 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 were judged to be 'at risk' of having their children placed 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 inter-generational continuities of placement behaviour would be comparable to Festinger's study, or to the findings of Corbillon et al (eight per cent), and below that obtained by Rutter and Quinton (18 per cent).

The complexity of parent–child relationships: models of identification
It is always difficult for a foster child to understand why he or she 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 support the parents to maintain their role.

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 (eg tuberculosis) were better accepted by the children and had less negative long-term effects on 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 birth 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, were generally maintained during placement and confirmed in adulthood. Data indicated that the lack of an early family attachment was rarely reversible, and beneficial effects of relations between the children and their birth parents during the placement were evident 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 birth 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 hospitalisation. 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 those young adults who had regular contact with their birth parents had the capacity to construct complex models of identification which linked both the two family models that were offered them and that of the adults who were on the foster agency staff. Their choices were associated with the age at which they left 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. Thirteen subjects had regular contacts with their birth parent(s) and only very sporadic relationships with their foster carers. Eighteen subjects had regular contacts with their foster carers and erratic or no relationships with their birth parents. Only four kept in regular contact with both the foster carers and the birth families. Of the ten who had very little or irregular contact with their birth or foster family, all had suffered multiple separations before the OG admission. All subjects but one mentioned that they had friends.

Historical context
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 concepts of childhood and children’s rights. This evolution of ideas provoked changes at the heart of the foster care agency which 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 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 they were confronted and the difficulty of living between two families. With the passing of time, most of the ex-foster children remembered having learnt from their experiences. Two-thirds of the young adults interviewed stated that the agency ‘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 benchmark 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 the ‘classic’ OG1 foster care system to the specialised OG2 one – which was evaluated. The children were from different populations and of different ages. The fact that the older people 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 emphasise 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 foster carers can seldom fully compensate for all the adversities experienced by the children in their care. 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 a significant number of these adults.

References


Ferguson T, Children in Care and After, Oxford University Press, 1966


Triseliotis J, New Developments in Foster Care and Adoption, London: Routledge & Kegan Paul, 1980