
Specialist fostering in Spain*

Specialist fostering is among several new forms of foster care being introduced in Spain. It recently provided the focus of an evaluative research study carried out by the autonomous administration in Catalonia and the University of Barcelona. **Pere Amorós, Montse Freixa, Nuria Fuentes and Mari Cruz Molina** provide a summary of the principal advances in foster care, as well as an analysis of the problems encountered, and outline proposals for the improvement of the specialist service.

Pere Amorós is a Professor in the Department of Research Methods and Educational Diagnosis, University of Barcelona

Montse Freixa, Nuria Fuentes and Mari Cruz Molina are members of the Research Group on Socio-educational Intervention among Infants and Young People, at the same university

Key words: childcare, specialist foster care, family monitoring and support, fostering in Spain

The evolution of foster care in Spain

Acogimiento familiar (foster care) has a long history in Spain, even though there is no detailed evidence of its regular use. As early as 1788, a law promulgated by King Charles III refers in its title to the adoption of abandoned children. A number of laws were subsequently introduced to regulate care procedures in cases of orphans and abandoned children.

In the 20th Century, foster care was little used in practice by the relevant tribunals which mainly considered either institutional care or, in the case of very young children, adoption.

It was not until 1975 that an association known as *MACI (Movimiento de Atención a Cierta Infancia)* began to promote foster care as a serious alternative to institutional care (Amorós and Sans, 1985). At first the form of foster care most widely used in Spain was pre-adoptive, offering an alternative for already institutionalised children whose legal situation indicated the likelihood of future adoption.

Following the introduction of the Spanish Constitution (1978), and in particular after the transfer of child welfare responsibilities from central

government to the various autonomous communities (Spanish regions), there developed a growing interest in creating programmes for the protection of children that were relevant to their real needs. In the early 1980s, in major urban areas such as Barcelona and Valencia, temporary foster care began to be used for children who were expected to return to their birth families. This fostering process aimed to meet children's needs for temporary care while their family circumstances improved.

The law 21/87 for the first time gave legal recognition to the idea of foster care as part of childcare and protection, as distinct from adoption. Before the introduction of this law, foster care programmes existed in only 40 per cent of the autonomous communities, leaving the remaining 60 per cent to initiate such programmes (Amorós, 1988). Subsequently the law 1/1996, which provides legal protection for children, unified the different forms of foster care.

During recent years, the accepted notion of foster care has radically changed, due partly to the contributions of researchers (Amorós, 1987; Ripol-Millet and Rubiol, 1988) as well as to the experience of the autonomous communities. The most important of these changes are:

- Foster care is no longer seen simply as a means of substituting the child's birth family, but more and more as a temporary option which can facilitate subsequent re-integration into that family.
- The autonomous communities have initiated the production of materials for preparing families and for structuring the intervention process (see, for example, Amorós, Fuentes and Roca, 1994).

*Translated by Edward Jones

- Various action research projects have been carried out in order to develop new forms of foster care (Amorós *et al*, 1997; Amorós *et al*, 1998).

- The system of foster care now includes many children with special needs (eg physical and mental disabilities, chronic illnesses, behavioural disturbances, adolescents, minority ethnic background) for whom professional fostering programmes have been introduced.

Specialist foster care as the basis for the care programme in Catalonia

Although there is no broadly accepted definition of specialist foster care, nor even a consensus over where it should be applied, in essence the term can be understood as the family care of infants and young persons with special needs who previously encountered difficulty in finding foster families. In the current Spanish context, this means that many children entering special fostering programmes have already spent a number of years in institutional care. As a result, especially in the case of older children, it is very difficult to identify families prepared to accept them for adoption. Hence specialist fostering has become seen as a long-term 'temporary' solution to the need to find a way out of institutionalisation for such children. Treatment and support are provided according to the needs of each individual case.

The programme's approach has much in common with that outlined by Triseliotis and Hill (1990), where the principal characteristics of foster care are outlined as:

- normalisation by means of community care in a family, with emphasis on the person's right to live in a community;
- recruitment, preparation and training for the foster families;
- the explicit remuneration of foster families (possibly in the form of an allowance);
- the establishment of a contract between foster families and the appropriate institutions;

- the facilitation of treatment expectations for the foster families.

Additional elements of the programme are that it responds to the education and emotional needs of infants and young persons, involves the foster families as collaborators with the service and team members, and accepts the requirement for foster families to undergo a preparation period. This is based on a process of reflection, starting from discussion groups where prospective families interact with families with previous experience (Amorós *et al*, 1998).

Research background

The *Direcció General d'Atenció a la Infància* (the administrative body with responsibility for childcare in Catalonia) decided to initiate a foster care scheme as part of a response to the contemporary needs of Catalonia's children. As a result of this decision a programme of specialist foster care was introduced (Amorós and Hernandez, 1993). The *Generalitat de Catalunya* sponsored an evaluation of this programme, carried out by the *Grup de Recerca sobre Intervencions Socio-educatives a la Infància i la Joventut* (Research Group on Socio-educational Intervention among Infants and Young People) or *GRISIJ*.

The main aim of the research was to discover how the phases of the foster care programme have evolved, taking as the starting point the experience of the foster families, and the experience of the different professionals involved in the foster care work. It was also expected that the study would identify ways to improve the programme.

Research design

This evaluative research was mainly qualitative and explored the cognitive, social and affective processes which constitute the integration of the children and young persons into foster care families. Most data were collected through interviews with the following people:

- foster care specialists, including those professionals who initiated the

specialised foster care placement and the foster care workers with responsibility for the child and the foster family;

- foster families;
- professionals from the *Equipos de Atención a la Infancia y Adolescencia* (the teams responsible for the care of infants and adolescents and for the birth parents of fostered children);
- residential staff handling cases where children returned to residential care.

Study population

The study was based on the entire case population in the province of Barcelona. The number of cases consisted of 48 children, all of them in foster care at the time of the study, in a total of 44 families.

Characteristics of the foster children

All the children had been in institutional care before entering foster care. The priority criteria for inclusion in the specialist foster care programme were:

- more than four years in institutional care (58 per cent);
- siblings requiring joint placements (17 per cent);
- children experiencing chronic illness or disability (23 per cent);
- children from minority ethnic families (two per cent).

The age distribution of the children is shown in Table 1. Two-thirds were aged eight years or over.

Foster family characteristics

Out of a total of 44 families, 41 were interviewed. Three were not interviewed on the recommendation of the professional teams involved, since it was considered that their situation made the carrying out of interviews undesirable. The age distribution of the foster carers (shown in Table 2) had a strong representation from the 36–45 age group.

In this study all the families interviewed were couples, the majority of them with children. In terms of family composition, 13 were childless, six had

Table 1

Age distribution of the children included in the specialist foster care programme

<i>Age on entering care</i>	<i>Boy</i>	<i>Girl</i>	<i>Total</i>
0–3	5	4	9
4–7	3	3	6
8–11	10	10	20
Over 12	7	6	13
<i>Total</i>	25	23	48

Table 2

Age of the foster carers

<i>Age</i>	<i>Male</i>	<i>Female</i>
Up to 35	25%	21%
From 36 to 45	52%	44%
Over 46	23%	35%

Table 3

Foster family occupations

<i>Current occupation at the time of the study</i>	<i>Male</i>	<i>Female</i>
Education	4	11
Business/commerce	17	8
Administration/services	3	7
Health	4	4
Technical/engineer	7	0
Trades and other occupations (including housewives)	6	11
Pensioners	1	1

one child, 12 had two children and 17 had three or more.

The occupational breakdown of family members reveals a high proportion active in areas related to business and commerce for male family members, while the women were more often working in education or administrative areas, or else were 'housewives' (Table 3).

Data analysis

Due to the qualitative nature of our research, the analysis of the data collected in the interviews involved an intense and systematic process of analysis which included the transcription of each interview, a systematic reading of the content

of all the interviews and the development of a definitive coding system for the interview contents. The reliability of the coding was tested by two judges who analysed the level of concordance. Each interview passed the test with a score of more than 90 per cent agreement. Analysis of the interviews carried out with different groups enabled a triangulation of information, a process which has facilitated the objectivity of the results and the conclusions.

Research results

The results which we present here reflect one part of the research carried out – that which refers to the monitoring of specialist foster care in Catalonia. In order to evaluate the monitoring we considered the following three topics:

1. the development and integration of the child in the foster family and the family environment, both formal and informal;
2. the adjustment of the foster family;
3. the visits or other contact which the fostered child maintained with his or her birth family.

1. Development and integration of the child

The foster family is the vehicle of social and personal integration for the child. Fostered children have suffered either a rupture or an incapacity on the part of their birth family which inhibits it from carrying out the function of social integration. The foster family thus has to help in the process of development and personal growth.

Adjustment of the child to the foster family The children, on entering the care of foster families, normally had multiple problems associated with their state of health, development and behaviour. After a period of between 18 and 24 months in foster care, 49 per cent of the children studied no longer showed evidence of experiencing serious problems, and had recovered from those they exhibited when care commenced; 33 per cent revealed signs of some continuing problems; and in the remaining 18 per cent of cases

many or all problems persisted. The main problem areas were behaviour, followed by health.

In the majority of families the family dynamics were positively affected by the changes which occurred in the child. Thus, in 78 per cent of the foster families we observed that the child had experienced positive changes in his or her relations with the foster family members. This progress had a highly rewarding effect on the foster family:

As the child recovers and time goes by, the level of affection grows and the relationship becomes more gratifying.
(Foster family member)

In some cases the child maintained a different rhythm in comparison to the foster family's own children, despite positive development. Then the foster carers played a crucial role in achieving mutual understanding among the foster siblings.

My own children have a feeling of rejection which has lasted up to the present time. Now the child is changing. I had to work a lot with my own children to get them to understand what was happening. Now they accept the child. Even my eldest son, who is himself a parent, took him to work with him a couple of times. (Foster family member)

In a few cases (seven per cent), although the development of the child was positive, important problems persisted. The difficulties were attributed by the foster carers to the following:

- The child was seen as too old to make the expected affective bonds:

He has improved, but there is not a parent-child relationship. It doesn't exist! He was already too old to have parents, too old to have parents and accept them.
(Foster family member)

- The foster family had difficulties in accepting the process of the child's transition back to the birth family:

He has been changing, achieving more autonomy, but at the same time he started to reject us when he began to have closer contact with his parents, with his family. He began to realise that we were something temporary. This, in part, is a good thing, but the result was that the transition was also very hard for us. (Foster family member)

In the case of 15 per cent of the families, the child's development was 'inadequate' and he or she did not achieve integration in the family environment. From the opinions expressed by the foster families it was possible to identify the interaction of a number of factors to explain this lack of positive adjustment and acceptance:

- The child's expectations about family life:

The relationship grew steadily worse as a result of her attitude: she took money from us, she spoke of us as being 'posh' at school. When we went to collect her at school, she left quickly in order not to have to leave with us. (Foster family member)

- The inability of the family to control the child's feelings and behaviour:

After an initial three-month 'honeymoon' she began to show us her real character. It was as if she was becoming hysterical, but we didn't know what was happening to her. (Foster family member)

The child's integration in informal networks A culture of fostering does not currently exist in our society; the community at large has little if any experience of what fostering involves. Despite this, awareness of fostering is gradually growing in Catalonia. In 49 per cent of cases, integration was relatively easy in informal networks, through neighbourhood associations, the extended family or friends:

She is very friendly and fitted in very quickly. The others accepted her from the very beginning. (Foster family member)

Twenty per cent of those interviewed felt that there was a mixed attitude on the part of the community:

Look, there are some people who have been really fantastic, and others have looked at us as if we were 'Martians'. Others don't seem to understand at all. We experienced a certain amount of friction at the start, when I presented him as a new son in my family. Well, I think you do such things because they feel right to you, and you don't need to justify them to anyone. Such reactions exist, a wide variety of reactions exist. (Foster family member)

Thirty-one per cent of the foster families felt that the social integration of the child had been difficult. All seemed agreed in identifying the attitudes and behaviour of the child as being fundamental in inhibiting integration:

It cost her a lot to establish deep relationships. It's one of her problems. (Foster family member)

The integration of the child in formal networks In terms of school performance, in 50 per cent of cases the child was considered to have attained results more or less normal for their age, in 17 per cent there was evidence of a certain under-achievement, 23 per cent were considered to be a year behind the normal level for their age, and the remaining ten per cent were assessed as being two or more years behind.

In relation to social integration at school, 73 per cent of the families felt that there had been an improvement in the level of integration of the child in the school. In 15 per cent of the cases the situation was stable, while in 12 per cent of cases problems persisted. Foster carers highlighted the influence of the child's own problems as the decisive element in these difficulties:

At school he has had, and continues to have, problems. His behaviour is very difficult. He doesn't accept discipline and pays no attention. (Foster family member)

2. Adjustment to the foster family

Foster families provide a very important service to society, to the children fostered and to the birth families. Foster families are not ideal units, but real families full of their own possibilities and limitations. They have to establish a personal, affective and stable relationship with the child which, on the one hand has to be tolerant, and on the other has to provide appropriate boundaries. They have to adapt to the needs of the child and avoid the temptation of trying to replace or break the relationship the child has with his or her birth family. It is a difficult task.

Fostering brings with it a continuous and often difficult process of family readjustment, until a new equilibrium is established which permits the integration of the new member in the family. In the opinion of the care workers involved, 44 per cent of the families in the survey did not experience significant difficulties which affected family dynamics. Put another way, 56 per cent of the family did experience problems.

The first type of problem occurred when the child did not manage to establish an adequate relationship with both the parents in the new family, tending to seek refuge in an exclusive relationship with one of them, while ignoring the other. This could lead to the favoured parent feeling satisfaction at being chosen while the other parent was inclined to cede to the demands of the child despite the cost of a growing distance:

The child rejected the foster mother, while the foster father was attentive and dedicated to her. Our intervention was crucial in avoiding a growing alienation of the rejected family member. (Foster care worker)

On occasion, foster carers experienced conflicts with their own children, with the creation of feelings of jealousy and rivalry:

This was a family where the parents were worried whether their own son would be able to fully accept the fostering. They took pains to try and foresee potential problems like sibling jealousy. (Foster care worker)

The conflicts were often associated with the difficulty experienced in the adjustment of the child to the norms and life-style of the foster family:

The child had his own norms and habits, there was no way he would accept any others. (Foster care worker)

Significant conflicts with foster carers' own children occurred in 44 per cent of the cases studied. In 33 per cent clashes involved the father and/or the mother. Only in 23 per cent of the cases did such conflicts involve the whole family.

3. Birth family visits and contacts

Contact between the child and the birth family is always an important aspect of foster care. In the case of those foster families where it is anticipated that the child will go back to his or her birth family, the visits form an important part of the preparation process for that return. In particular, they serve to maintain an affective bond and to observe the evolution of those problematic circumstances which have led the child to be in foster care, thus affecting family reunification.

In cases of permanent foster care, such as those included in our study, the prospect of a return to the birth family was already a distant one given that the child had usually already spent many years in institutional care. In these cases visits aimed to maintain affective family bonds which may be deemed positive for the child. Sixty-two per cent of the children studied kept up such contacts, while 38 per cent did not.

The nature of this family contact varied according to the circumstances, and, broadly speaking, fell into three groups on the basis of participating family members: in 38 per cent of the cases father and/or mother were present; in 35 per cent of the cases brothers or sister were there; and in 27 per cent of the cases other members of the extended family were included.

The Spanish experience of specialist fostering has been that the overwhelming majority of children entering the specialist programme come from family backgrounds where it is difficult to have

contact in the foster home, which in other circumstances might be considered desirable (Cleaver, 1998; Triseliotis, Borland and Hill, 2000). In 38 per cent of the cases, the visits took place in the birth family's home, in ten per cent in the home of a member of the extended family, and in 35 per cent the visits occurred in accommodation made available by the *Generalitat de Catalonia*. In the remaining 17 per cent of cases contact took place in a combination of the above. The visits which happened in accommodation provided by the Generalitat of Catalonia had two characteristics which, according to the foster care workers, affected the dynamic of the contacts and made the development of the visits more difficult: (1) the atmosphere was colder than in a family home; and (2) the timetabling limitations of such accommodation (9am–5pm) was an obstacle to family participation.

In two-thirds of the cases (69 per cent) the visits took place at least once per month; in other cases contact was less frequent and often highly variable.

Evaluation of the visits by the foster care workers The opinion of the foster care workers was that the visits were positive for the child in 88 per cent of cases. In the remaining 12 per cent, the consensus was that they had little or no positive effect, due either to the behaviour of the birth family or the child's negative attitude to the visits.

Active support from the professionals was necessary in 69 per cent of the cases of visits involving the birth family. In 85 per cent of these cases the support was felt to be useful and adequate, while in the remaining 15 per cent the professionals felt there were difficulties in reaching a resolution of the problems, despite their intervention.

The professionals proposed various changes in approach to resolve such problems: in some instances they suggested the reduction or elimination of the visits, in others improvements in visiting conditions were proposed:

The environment of the visit has to be improved in the controlled visits. Gen-

erally they take place in small, closed rooms. Such surroundings don't help. We would also draw attention to the importance of the visiting timetable. (Foster care worker)

The way in which the two families met and communicated with each other is another point which arose in the professional comments:

The possibility exists of the foster family and the biological family getting to know each through the foster care workers. When the biological families meet the foster families they become less anxious. (Foster care worker)

You have to continue to break the stereotypes surrounding the biological families, show that they are not 'monsters'. (Foster care worker)

Starting to work with the birth family from the earliest moment facilitated a more preventive approach, with better recovery prospects:

You have to try to respond as early as possible, as soon as there is the first complaint. Otherwise, if you let things drift, then later it is almost impossible to work for family reunification. (Foster care worker)

Attitude of the birth family towards family visits The attitude of the birth family is a very important factor when it comes to assessing the possibilities of a successful reunification. The care workers considered that 41 per cent of the birth families were well disposed towards the visits:

The children's father is fairly calm. He would like to see them more, but accepts that he is not in a position to do so. (Foster care worker)

In 24 per cent of the cases, the birth family demonstrated an adequate and appropriate attitude towards the visits, even if they did not reveal a great deal of enthusiasm. Such parents were interested enough to visit but were uncomfortable during the contact:

She maintains an ambivalent attitude. The mother manages to arrange the visit, but then, during the visit, she doesn't know what to do. (Foster care worker)

In 35 per cent of the cases, the care workers considered that the birth family's reaction was either minimal or not very favourable to the child:

They come because they feel they have to. When they are here they can't wait for the visit to end. (Foster care worker)

Attitude of the foster family to the visits It was important to know the foster family's reactions towards the relations maintained by the child with the birth family. A positive attitude on the part of the foster family has a beneficial effect when the time comes for family reunification. At the same time such visits also help the foster family to accept the temporary nature of the situation.

From the evaluations made by the foster care workers, four types of attitude were identified among foster parents in connection with such visits:

1. In 45 per cent of cases the attitudes of the foster family were favourable:

It is a family which is very clear about its role as a foster family, its relations with the biological family, and the importance of promoting positive relations between the child and its biological parents. (Foster care worker)

2. In 21 per cent of the cases the family accepted the legal obligation for such visits and demonstrated an appropriate attitude. At the same time they questioned their necessity given the negative consequences they can have for the child:

It was very positive for her. She was very happy to see her family. However, it is true that sometimes she was preoccupied when she came home. She could see the environment in her home, and the problems which would have to be overcome in order for her to return to the family home tended to demoralise her. (Foster care worker)

3. On the other hand, 20 per cent of the foster families seemed preoccupied about the child's progress, which they felt was adversely affected by contact:

The family felt that the day-to-day progress they were making with the child was being undone by the mother during the visits. The family has subsequently refused to take her to the visits, and this task is now performed by a care worker. (Foster care worker)

4. Fourteen per cent of the foster families expressed a clear rejection of the child's birth family:

The family considered the visits to be very negative since the child was very nervous and difficult to control on her return. (Foster care worker)

Foster families' perceptions of the visits were influenced by the difficulties and regression which they observed in the child. For example:

The first visits were an enormous drama because the mother was there and she was a kind of despot. She ill-treated the child psychologically, she ignored her, she undervalued her, and so the child returned home very affected by the visits. (Foster family member)

Another factor worth stressing in relation to the role of visits in the fostering context is the importance for the child of having the opportunity to understand and reconstruct his or her own personal life history, and in this way begin to confront and rebuild his or her own identity:

We feel that the visits are useful in helping the child to find herself, to situate herself in the present in relation to the past. It is necessary to speak with her about the things which have happened without having to hide, embracing and accepting them. (Foster family member)

Children's attitudes towards the visits We gathered information about the children's experiences through the relevant foster care workers. We found that 35 per cent

of the children were positive about such contact, since it gave them the opportunity of maintaining a link with their family:

They are very happy during the visits. For them they are very comforting. (Foster care worker)

The foster care workers suggested that 55 per cent of the children accepted the visits but without any explicit enthusiasm or even with a certain indifference:

She wanted to go, but equally she wouldn't have missed the visits if they didn't take place. (Foster care worker)

Ten per cent of the children demonstrated an explicit rejection when they were confronted with the reality of meeting their birth family:

She had a bad time of it. She even put her disagreement with meeting her mother down in writing. (Foster care worker)

Placement outcomes

Adoption

A variety of reasons led to 11 children being adopted by their foster families. It is notable that the majority were less than three years old when they entered foster care, indicating that families seem to prefer to adopt very young children.

Most of the children had entered foster care partly on account of health problems or disability. In every instance the initial problems had improved.

Return to residential care

Of the 48 cases in specialist foster placements, nine returned to residential care. The age factor stood out. Two children under 11 were brothers fostered in the same family, but all the others were aged over 11.

Two placements lasted *less than one month*. These consisted of two 12-year-old children with over five years' experience of residential care, placed with foster families who had more than two children of their own. In both cases the return took place during the initial adjust-

ment phase. This stage in the fostering process is sensitive and generally characterised by an 'idyllic' relationship. It is during this phase that an interactive system is created through which both sides usually relativise the underlying problems, but this does not always happen, as these two cases illustrated. The family could not accept the problems (not respecting boundaries, jealousy towards the foster family's own children).

Two placements of *between one and six months* involved children aged ten and 11, both again having experienced long periods of residential care, placed in foster families with four and two children respectively. These two cases occurred during the beginning of the reality stage, when the child begins to behave as he or she really is, and the family ceases to be as tolerant when faced with situations which they find unpleasant. Limits begin to be fixed, and the child is expected to comply. In both cases, in addition to a behavioural complex on the part of the child, problems of jealousy and tensions with the foster family's own children began to arise.

The two placements which ended after *between 12 and 18 months* involved two boys and three girls, including sibling groups, all having previously experienced long periods of residential care. They were fostered by childless families. These cases had experienced difficulties from the beginning. Following the children's return to the residential centre, staff expressed the view that there were both gains and losses from the fostering experience:

They have had all the opportunities which they had previously lacked in their life with their mother. A new try at fostering would be positive. (Residential worker)

On the other hand they recognised the sense of loss felt by the children as a negative experience:

It has cost him a lot to understand the break with the foster family, and he's not really sure why he came back to the centre. (Residential worker)

Return to the birth family

Only one child was considered a possible candidate for return to their birth family, and this child did in fact go back. The parents were in prison when fostering started. The foster family participated in the preparation of the child's return. According to the foster family, the child had a good relationship and was happy to be with his parents.

Continuation in foster care

At the end of the study, permanent fostering continued in about half of the cases (56 per cent). The great majority of the children who remained in foster care were over eight years' old when the fostering began (25 out of 27).

The results of the study indicate that there was an important improvement with regards to the original symptoms of the children, even though in more than half the cases some or many of the initial problems persisted.

In terms of the composition of those families who carried out permanent fostering, just under half had three or more children.

Conclusions

This study has shown that while foster care did not resolve all the children's problems, it certainly provided a framework which facilitated their improvement and allowed them to live out much of their childhood within a social and family structure.

Unfortunately, a residual of initial core problems still remained, the most persistent of which were behaviour difficulties, followed in second place by health. These results are consistent with those of other recent studies such as Iglehart (1994), Glisson (1996) and Landsverk *et al* (1996), in which it has been repeatedly shown that fostered children experience more behavioural problems than the general population.

In the majority of foster families, the family dynamics improved as the child changed. When relations with foster family children were problematic, the key element in facilitating a successful outcome was the role of foster carers in re-orienting the situation. In a number of

cases, the development of the child was unsatisfactory, or she or he did not achieve integration with the family. This was normally due to the interaction of several factors, namely the expectations and behaviour of the child in relation to family life, and/or the inability of the foster family to cope with the child's feelings and behaviour.

Foster carers generally underlined the importance of the school in the process of socio-educative integration of the children. In 50 per cent of the children school performance was considered to be appropriate for their age, but half were under-achieving and 11 per cent two or more years behind. Other studies, such as Berrick *et al* (1994), Dubowitz *et al* (1994) and Smucker *et al* (1996), found lower levels of school performance. It is also worth drawing attention to the studies of Heath *et al* (1994), based on 49 children fostered in England, and of Fanshel and Shinn (1978), of 524 children fostered in New York, both of which indicated that foster children had significantly improved their school performance after a period of three to five years.

In relation to school adjustment, in 75 per cent of the cases the families felt there had been an improvement in the level of integration of the children in the school.

Integration in informal social networks had sometimes been easy, but in other cases more difficult. The foster families generally felt that it was the attitude and behaviour of the child which was determinant in such integration processes.

Both the foster families and the child had to continually adapt themselves in order to make the process of mutual adjustment work. This process was difficult in over half the families, for example when the child sided with one of the parents or was in conflict with the foster family's own children.

In those cases where a disintegration of relationships occurred, it was normally due to conflicts related to difficulties in adjustment to the way of life and norms of the foster family, which led to communication problems between the different family members.

For the children studied, in particular where the fostering was of long duration,

birth family visits had the objective of maintaining those affective bonds rather than leading to reunification. The research of Fanshel and Shinn (1978), Cleaver (1998) and Triseliotis *et al* (2000), all suggests that the visits help those involved overcome the trauma of fostering, facilitate the development of the child and keep open the possibility of ultimate reunification. The study indicated that in 88 per cent of the cases where visits took place, they had a positive influence on the child.

The study showed that the role of the care worker was crucial, given that there were many situations where their support was indispensable. It also revealed various factors which require their intervention, such as the difficulty experienced by the child in expressing his or her feelings and emotions, problems in conflict resolution, and uncertainty concerning the duration of the fostering.

The creation of a self-help group for foster families by one of the collaborating agencies (the Red Cross) allowed for the sharing of experiences between families in an attempt to help reduce the anxiety associated with the process of seeking solutions in the face of the various situations which arise.

Based on our study, we identified the following proposals for improvement:

- Co-ordination needs to be improved so that the workers can form a coherent network where the activities of the different professionals are complementary and not superimposed one on top of the other.
- Internal and external supervision is recommended in order to be able to evaluate the differing situations and share experiences and feelings.
- It is necessary to encourage and promote areas of inter-relationship and self-help for both the foster families and the birth families.
- The human resources devoted to child-care services need to be adequate and to facilitate the possibility that the child may remain in his or her own home. If this is not possible, the family separation should last the minimum desirable time.

In the interests of the children themselves it is essential that the approaches to intervention are constantly evaluated and improved, and that our understanding of foster care, in all its complexity, is enriched.

References

- Amorós P and Sans L, 'El acogimiento familiar, un recurso social en diferentes modalidades' (Foster care, a social resource with different formats), *Revista Menores*, 1985
- Amorós P, *La Adopción y el Acogimiento Familiar* (Adoption and Foster Care), Spain: Narcea, 1987
- Amorós P, *Situación Actual de los Servicios de Adopción y Acogimiento Familiar* (The Present Situation of Adoption and Foster Care Services), Spain: Centro de Estudios del Menor, Ministerio de Asuntos Sociales, 1988
- Amorós P and Hernández E, 'El acogimiento familiar especializado: un diseño para Cataluña' (Specialist foster care: a plan for Catalunya), *Revista de Educación Especial* 14, 1993
- Amorós P, Fuentes J and Roca M J, *Programa para la Formación de Familias de Acogida* (Training Programmes for Foster Families), Spain: Ministerio de Asuntos Sociales y Junta de Castilla-León, 1994
- Amorós P, Diego F *et al*, 'Programa de acogimiento familiar en Castilla-La Mancha' (Foster care programme in Castilla-La-Mancha), Dirección General de Servicios Sociales, Servicio de Atención a la Infancia y Protección de Menores, 1997
- Amorós P, Merideño F, Cuevas B and García M J, *Manual de Acogimiento Familiar: Criterios de intervención técnica* (Manual for Foster Care: Criteria for technical intervention), Spain: Consejería de Bienestar Social Extremadura, 1998
- Berrick J D, Barth R P and Needell B, 'A comparison of kinship foster homes and foster family homes: implications for kinship foster care as family preservation', *Children & Youth Services Review* 16, pp 33–36, 1994
- Cleaver H, 'Contact: the social worker's experience', *Adoption & Fostering* 21:4, pp 34–40, 1998
- Dubowitz H, Feigelman S, Harrington D, Starr R, Zuravin S and Sawyer R, 'Children in kinship care: how do they fare?', *Children & Youth Services Review* 16, pp 85–106, 1994

- Fanshel D and Shinn E B, *Children in Foster Care*, New York: Columbia University Press, 1978
- Glisson C, 'Judicial and service decisions for children entering state custody: the limited role of mental health', *Social Service Review* 18, pp 257-81, 1996
- Heath A F, Colton M J and Aldgate J, 'Failure to escape: a longitudinal study of foster children's educational attainment', *British Journal of Social Work* 24, pp 241-60, 1994
- Iglehart A, 'Kinship foster care: placement, service and outcome issues', *Children & Youth Services Review* 16, pp 107-22, 1994
- Landsverk J, Davis I, Ganger W, Newton R and Johnson I, 'Impact of child psychosocial functioning on reunification from out-of-home placement', *Children & Youth Services Review* 18, pp 447-62, 1996
- Ripol-Millet A and Rubiol G, *L'acolliment Familiar* (Foster Care), Barcelona: Editorial Pòrtic, 1988
- Smucker K S, Kauffman J M and Ball D W, 'School-related problems of special education foster care students with emotional or behavioral disorders: a comparison to other groups', *Journal of Emotional & Behavioral Disorders* 4:1, pp 30-9, 1996
- Triseliotis J and Hill M, 'Contrasting adoption, foster care and residential rearing', in Brodzinsky D and Schechter M (eds), *The Psychology of Adoption*, New York: Oxford University Press, 1990
- Triseliotis J, Borland M and Hill M, *Delivering Foster Care*, London: BAAF, 2000