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Gunvor Andersson key note presentation 13-14.30

Different experiences and outcomes of foster care

Thank you for the invitation; it is an honour to be invited. I must admit that I do not understand a word Finnish and that I am not familiar with foster care in Finland. But to my merits can be counted a book in Finnish, based on my doctoral dissertation in psychology 1984. The title of the text book is

Pieni ja Poissa kotoa. Tutkimus pikkulapsista ja heidän suhteestaan aikuisiin laitoksissa, sijaiskodeissa ja kotona (Andersson 1989).

I had been working as a psychologist at a children's home for some time, the only remaining children's home in Malmö, when I started a research project to find out what it meant for small children 0-4 years old to leave home and be placed at a children's home. Great efforts had been made in Sweden to reduce institutional care and to improve care at the remaining institutions, including more personal care through appointed contact persons, more cooperation with parents and treatment oriented family work. I tried to find up-to-date research about small children in children's home in a Swedish context, but I only found dark international reports from other contexts, not least from John Bowlby. I had to do my own research work. My thesis - and the text book in Finnish - is about the group of 0-4-year old children I followed very carefully at the children's home and followed up 3 and 9 months after they left the children's home to return home or move to a foster home. The study group consisting of all 26 children in this age group who were enrolled at the children's home at some time during a two-year period *and* who stayed more than 4 weeks at the children's home. So my selection was children most vulnerable to separation and residential care because of their young age and most disadvantaged because of family background - no quick solution or return home. Later I continued to follow them up, 5, 10, 15, 20 and 25 years after they left the children's home. Most of them sooner or later got experiences from foster care and I have written about them continuously. In the workshop this afternoon I will talk more about my experiences from this research project.

Well, that was about the continuation of my only book in Finnish, and I will refer to that as my longitudinal study. I have carried through another research project about children in foster care, too, and I will refer to that as my study of 10-year-olds in ongoing foster care. I wanted to use all I have learned from the emerging new paradigm in childhood research. All children were of the same age and in ongoing foster care and I interviewed them three times with a few weeks in between, before I knew anything about them from adults or files and I focused on the children's perspective on everyday life and relationships.

Well, since my thesis long ago, I have worked at the School of Social Work, Lund University, as a researcher and teacher. Almost all I have done have had with vulnerable or disadvantaged children and social work to do.

In this presentation I will start with some international glimpses on foster care research, then go on to outcome studies on children in out-of-home care, based on registers and files. I will use some Swedish studies, although the results are in the same direction in other countries. These quantitative studies, based on large groups or cohorts, compare groups with experiences of out-of-home care with other groups on a group level and these comparisons are not encouraging. So I will also use some smaller qualitative studies, including my own, to nuance the dark picture and show in-group variation and some glimpses of foster children's own perspective. Children and parents can be called service users, and I also want to say a few words about the natural or biological parents of children in care. After that I will talk about the service. Foster families or foster carers may not look upon themselves as service providers, because they should not be professionals but normal families with a surplus of time and love and space for disadvantaged children. By way of conclusion I will talk about social services and social workers. In Sweden there is at present much focus on mistakes and neglects from social services and emphasis on the state responsibility for children in out-of-home care and discussion about the need of more control and maybe a new law. This means that children, families and the state will be my sequence in this presentation.

International perspectives on foster care

That is the title of a chapter by the British researcher June Thoburn in the book *How does foster care work? International Evidence on outcomes* (eds. Elizabeth Fernandez & Richard P. Barth, 2010). Thoburn shows how problematic it is to compare countries because of different laws and different national statistics and a lot of other differences, even different

definitions of foster care and group care, so they are usually not separated in the statistics on out-of-home care. But something can be established. In her comparison 14 countries are involved, including – the Scandinavian countries Denmark, Norway and Sweden. The highest percentage of rate of care a given years are found in Alberta in Canada, Denmark and France (more than 10 in 1000). Japan and Italy have the lowest rates (around 1 and 3 in 1000). And the other countries in between. Germany, Norway, Sweden and the USA (around 6-7 in 1000) and Australia, New Zealand, Ireland, Spain, England (around 5 in 1000). With all reservations Thoburn state that children enter care for broadly similar reasons, with child maltreatment, various forms of neglect and parenting issues, especially intimate partner violence and addictions being important in all countries. One reservation is that Sweden and some other European countries have comparatively many children entering care in their teens because of care for behavioural problems and criminal behaviour, unlike for example UK and USA with juvenile justice systems.

Thoburn, like many other authors, state that there are differences because of a *family support system* contra a *child protection system*. In countries with a family support system, like Sweden and mainland Europe, social services include family support, and even out-of-home care can be family support, and family contact is an integral part of foster care. In Anglo-American countries like UK, USA and Canada social services intervene when protection is needed, and if parents do not rehabilitate after a given time, severance of parental contact and legal adoption is an option. Of course, these and other differences between countries have an impact on the percentage of children leaving care in a planned way (to return home or be adopted) and on the percentage break down in care. There are problems when comparing these and other outcome measures between countries.

However: Thoburn (page 40) states that, putting together the available data, the key variables impacting on long term child and adult welfare outcomes are age at placement, the emotional and behavioural characteristics of the child at the time of placement, whether or not the child was maltreated prior to placement and whether the carers and child have ‘a sense of permanence’ i.e. that their family will not be arbitrary disrupted.

Most of those who enter care because of proven serious or prolonged maltreatment or neglect will do as well or better than if returned to the families from whom they entered. The groups who do badly in long term care are those who enter when older because they have serious problems and those who enter care when young but have multiple moves or disruption of

placement after several years and not successfully placed with a new family with whom they put down roots.

Register based outcome studies (Sweden)

The Swedish researcher Bo Vinnerljung and his colleagues at the National Board of Health and Welfare have carried through many studies on children with experiences of out-of-home care. I will mention some of these studies based on national registers. In Sweden just under one percent of the population, aged 0-20, are in foster families or residential care at some time a particular year. Although most children are placed in foster homes, the residential care sector has increased, particularly with respect to teenage placements and as a result of an expansion of privately owned residential care facilities. In addition there are state-run secure residential care units for seriously delinquent youth. These are included in research on the epidemiology of out-of-home care and I will tell when foster care can be distinguished.

Lower educational level

International research have found that children placed in out-of-home care tend to perform poorly at school and have a lower educational level as adults than the majority population, and that there are strong links between a low educational level and serious problems in adulthood. Bo Vinnerljung and colleagues (2007) show that the risk of having completed only compulsory education at age 20-27 was higher for people with experiences from out-of-home care than for the normal population, for example 2.4 as high for those with up to 5 years in out-of-home care (care intervention begun before the child's teens), and 4.4 times as high for those with up to 5 years in out-of-home care (care intervention begun during the child's teens). The relative chance of higher education (at age 24-27) was of course also lower for these groups. For the groups mentioned 0.5 and less than 0.2 respectively. In percentage that means (Vinnerljung, Öman & Gunnarson 2005) that (at the age of 20-27) 60,1 % in the majority population (born 1972-1979) have secondary school education but only 43,9 % in all child welfare groups taken together, and 55,0 % in the group with stable long term out-of-home care (foster care). Maybe odd ratios and percentage give different impression?

However, in many countries, including Sweden, these outcomes have started important discussions and work on improvements and extra support in some schools for children in foster care.

Higher risk of suicide and mental disorder

I will mention some other outcome studies (Vinnerljung et al 2007) showing the risk of suicide among teenagers (13-17 years old and born 1973-1982). 6 437 children who had lived in foster homes for at least two years before reaching their teens were compared with 15 868 children born during the same period, who had either been in respite care or had been placed in out-of-home care for shorter periods before reaching their teen (=other child care). Both groups were compared to just over 955 000 children of the same age who had not experienced care interventions of this type by the social services before their teens (=normal population). For foster children the risk of suicide was 4.3 times as high and for other child care 2.7 times as high compared to the normal population. When biological parents' socioeconomic background and substance/alcohol abuse or mental illness were also taken in account (registered hospitalisation), the difference was not as high, but 2.2 times as high for foster children and 1.7 as high for other child care compared to the normal population.

The relative risk of hospitalisation for attempted suicide and for mental disorder has also been studied in the aged groups 13-17 and 19-27. In these studies all out-of-home care are included and foster care can not be distinguished, but the over-risks are significant compared to the normal population. The authors state: "Irrespectively of causal factors, the findings point to a relatively wide-ranging need for psychiatric support among children and young people who are, or have been, in out-of-home care" (p 184).

In many of the articles on children in out-of-home care, compared with other groups of children, odd ratios are used and not percentages. Maybe it should be mentioned that for example suicide attempts in the aged group 13-17 is 0,38 % in the normal population and 1,67 % for those with experiences of long-term care and 1,54 % for those in short term care. Suicide attempts for young adults (19-27) are 0,47 % in the general population and for those in long-term 2,81 % and in short-term care 1,99 % (see Vinnerljung et al 2006, p. 727).

Hospitalisation for any psychiatric disorder can be seen in the same table (p 727), for example for 13-17-year-olds 0,41 % in the normal population, 3,05 % for long term care and 2,19 for short-term care. Young adults (19-27) in the normal population 0,30 %, and for those in long-term and short-term care 2,02 % and 1,24 % respectively. This means that 97 or 98 % of those with experiences of care are not hospitalised for suicide attempts or other psychiatric problems. If that can be soothing enough not to be completely powerless to act on improvements?

Teenagers with behavioural problems

The mentioned register studies show that the outcomes for teenagers placed in foster homes and residential care because of behavioral problems (in their teens) are worse than for other children in out-of-home care. It may be different in Finland, but in Sweden two thirds of out-of-home placements a given year concern teenagers, and if they are placed because of behavioural problems the outcome of care is less successful – and especially dark is the future for boys with criminal behaviour. Marie Sallnäs and Bo Vinnerljung (Sallnäs & Vinnerljung 2009; Vinnerljung & Sallnäs 2008) have carried through a follow-up study of adults (25 years or older), who were entering out-of-home care 1991 and at that time were 13-16-years old (776 teenagers). 39 % had immigrant background, 59 % had a history of maltreatment at home and 42 % were placed for behavioural problems. 60 % were placed in foster homes, 31 % in residential care and 9 % in secure units.

The long-term outcomes show that, generally, boys tended to do worse than girls, and those placed for behaviour problems tended to do worse than those placed for other reasons. Just a few numbers: Any crime age 20-24: girls with behaviour problems 39,9 % and boys 75,4 % (compared to the majority population, girls 3,2% and boys 15,7 %). From the article (Vinnerljung & Sallnäs 2008) I quote (p. 149): If ‘doing well’ is defined as an absence of seriously negative outcomes, i.e. being alive at age 25; not having been to prison or received a probation sentence at age 20-24; not having been hospitalized for a mental health problem at age 20-24; and not having become a teenage parent; then half of the girls (49 %), who were placed for behavioural problems, and 71 % of the girls, placed for other reasons, did well. ... The picture is darker for boys, 32 % according to the first definition, did well, and 67 % of the other boys.

Young people in secure units had a worse outcome than in other residential care, and residential care meant worse outcome than foster care. However, the dividing line was between behaviour problems and placement for other reasons. Comparing residential and foster care was not the aim of the study, because there is a selection factor in placement in the direction that young people with criminality, drug abuse, and violence are more often placed in secure units, somewhat less often in other residential care and least often in foster care. In the article in Swedish (Sallnäs & Vinnerljung 2009) the conclusion is that young people placed in foster care do better than young people in residential care and that girls do better than boys as adults. However, compared to the majority population, people with experiences from out-of-home care do worse. Socioeconomic inequalities can be found in the birth families – and the cumulative effect of

many risk factors. Behind the alarming numbers can also be found the difficulties for out-of-home care, including foster care, to make up for lack of opportunities in the children's background.

Less access to parents during the transition from out-of-home care

My last outcome date based on registers: Anglo-American as well as Swedish researchers have an increasing interest in the conditions for children ageing out of care, also called "leaving care research". International studies have reported that the majority of children who age out of out-of-home care do not maintain close contact with the foster home or residential unit after one or two years, and that a majority return to their birth families, with varying degrees of success. In the before mentioned article by Vinnerljung et al (2007) the authors also mention their studies on children whose mother and/or father had died. When young people are 18 years old 3, 6 % in the normal population have at least one deceased parent, and 26, 3 of those with experiences of out-of-home care. At the age of 25 the corresponding numbers are 7, 2 % and 35, 6 or 37, 3 % (5-12 years or longer in out-of-home care).

Well, studies based on cohort data from registers on hospitalization, education and crime is one way of defining outcomes on a group level. Now I want to say a few words about in-group variation and children's perspective on the bases of my own studies.

In-group variation and children's perspectives

In my longitudinal study the outcomes on a group level are not very different from the large register studies mentioned. However, when following children during childhood and seeing them as young adults as well, some of them can tell about school problems, criminal behaviour, psychiatric problems and suicide attempts at special points of time or as part of their teen ages – and still they do not give the impression that these dark experiences characterize their whole childhood or life as young adults. The life source is a dynamic process and there are ups and downs. Foster children's narratives can help us to understand what make their life easier or make their life more difficult. It can be established that children in foster care – and in other forms of out-of-home care as well – have to deal with more problems than children and young adults in general. They need easily accessible support during childhood as well as in adulthood, and they have to trust contributions from society in the absence of family support and supporting networks.

When the young adults reflected on their childhood experiences, they said very unanimously that it was the right thing to do to take them from home. However, the next step, to find a good foster home, that is more difficult – or that is the problem. I will not go further in my longitudinal project but I want to point out that the relationship with their foster family during or after leaving care is not or do not have to be in accordance with above mentioned outcomes. There are examples of foster parents never giving a foster child up, despite a lot of problems, and as a young adult one boy managed to leave criminality and drug abuse and thought it was thanks to his foster parents, who he still saw as his family. Another boy managed life quite good despite a foster family he never liked and left at 17 (as a breakdown in care) and never wanted to see again. But, of course, you will find more successful outcomes for children with a safe and stable relationship with his or her foster family – even if they return home in periods. Relationships matter. I have been interested in relationships from the very beginning in this longitudinal project - and on that subject I have written an article in English (Andersson 2009). Other outcomes such as stability in care and social adjustment are seen in a book in Swedish (Andersson 2008). You will see my different references in the copies you have got.

Now I want to go on to my study called “Is there a difference in being a foster child?” It is not about outcomes but about children’s perspectives on foster care. The research group consisted of all 10-year-olds in on-going foster care in five local social welfare agencies at that point of time – and I got the opportunity to interview 22 of 31 possible (emergency foster care excluded). I interviewed the children three times at intervals of a few weeks and at my third visit in their foster homes I also interviewed their foster parents or foster mother. My two overall themes were relationships and everyday life. (I have written two articles in on this project in English, Andersson 1999, 2001, other in Swedish, for example Andersson 1998, 1999, 2001). I want to talk a bit about this project because the voices of 10-year olds in foster care are not often heard.

Is it different to live in a foster home?

- No, there is no difference, not compared to how life is for other children.
- It is like living in an ordinary family.
- Actually, I do not feel any difference.

- Other people may say there is a difference, but I think I am about ordinary. Anyhow, I think I have it good.

When I asked about differences they thought about differences compared to other children, not as I thought, about differences compared to living at home. I had to be more specific about the comparing by living at home. Their answers were all in the same direction:

Compared to live at home?

- It is better here than there (i.e. at home) because they were drinking too much.
- To live at home had been tough and I had not managed school well, my (foster)mum helps me quite a lot.
- To live here is different, doubly different, because when we lived at home there was only quarrelling and such things... I think they are kind here, everybody is kind here, here I have safety, yes, safety.
- I think other think they have it better just because they live with the person they call mum...But they are wrong... with mum I would have to be in my room as soon as she got sulky, I would have to sit in my room all the time until my homework was finished... and not understand when she would try to explain... and would not have any friends.

Of course, you can ask yourself why the children are so positive. Is it due to my selection, or their age or are they just telling what I as an adult want to hear? I was very aware that children's views are often called into question, so I wrote an article about my interviews with the children and explained the procedure carefully, but in Swedish (Andersson 1998). In this project I wanted to try to catch the children's perspective and to take for granted that "the reality" is what they perceive as reality and to see them as active subjects in interaction with their context. When we talked about every day life I started by following an ordinary day, in the foster home, at school, in the leisure time... and very concrete what they did, with whom, if it was always like that, what they thought about it etc. It was easy to understand that everyday life with predictable routines are security factors and not matters of course for these children, and help with schoolwork and access to computer and access to sport activities etc. make a difference for 10-year-old foster children.

When interviewed about their relationship with their natural family and their foster family, and about their a sense of family belonging, 11 of the 22 children perceived their stay in the foster home as permanent and regarded themselves as belonging to the foster family, although all of them had contact with their birth parents. I wrote about these children in an article in English, because I wanted to show that children can feel safe in a foster home and think of it as permanent, even if there is no legal option of permanency or adoption in Sweden as in the Anglo-American countries – and there is a broad ideological consensus regarding parental contact in foster care. For these children the foster parents rather than their birth parents were ‘mummy’ and ‘daddy’, even though they were clearly aware that they lived in a foster home. When I asked them to write lists of people important to them, their foster parents were ranked first and a few did not mention their birth parents at all.

Although the children generally approved of the current arrangements, most of them had experienced disappointments in connection with visits by the birth mother. Visits had been planned, the children had waited expectantly, but the mother never showed up. For some of them this did not seem to cause much concern: “Only once I felt really unhappy... she called and said she should come... no she did it twice.” Other children seemed more upset, particularly if the missed opportunity for a visit happened on a birthday and most particularly if the child was not given a reasonable explanation afterwards: “She is just lying” or “She says nothing and pretends it never happened”. It can be very distressing for children to believe that their mother do not care for them. The birth mother was quite clearly not indifferent to the children; rather, they had strong feelings for her, even though they had a sense of belonging that centred on the foster home. Only a few of the children had contact with the birth father, but those who had contact with him talked about his visits in a different way compared to mothers’ visits; nice when he comes but if the visit had to be called off, he was excused “He had a sore stomach” or “He did not have time”. The children found it easier to describe how they spent the time on their father’s visit than to their mother’s visit. “We go to my room and play with my lego set, then we have a snack, and then we play with my lego set again and then he goes home.”

I will end my talk about this project by a typical answer from the 10-year-olds to my question: “If you met a child of your own age who was about to move to a foster home and she asks you what it is like to live in a foster home, what would you say?”

- “I think it is just about as usual (i.e. as for other children living at home). It’s ok. If you come to a good home, of course you want to stay there.”

As a matter of fact, those who were convinced that they would live in the foster family until they were grown up, were convinced because they had asked their mother and their foster mother. Social services seemed far away – or less trustworthy. I will not say more about this project and leave foster children’s perspective.

Birth parents of foster children

Research shows and you all know that parents with children in care usually have an unstable social and economic situation, are often single mothers, have a weak social network, have problems with alcohol and drugs, mental illness and/or family violence etc. For foster carers it may be harder to cooperate with foster children’s parents than to take care of the children. Still, there is more and more evidence that it is important for foster carers to accept and encourage foster children’s contact with their parents and/or extended family – and that it is in the children’s best interest. I have been engaged in studying parent - child contact and in understanding how contact and possible return home can be compatible with children’s feeling of stability in care and sense of belonging to the foster family. And I think it is compatible under certain circumstances. In my different research projects as well as in other small scale projects there are mothers, who are satisfied with the child’s foster family, see that the children have a good time in the foster home and feel respected as mothers. In these cases the child can keep in contact with the foster family also if he or she returns home – and can be replaced in the same foster home if there is a break down at home. However, there are also mothers in constant conflict with the child’s foster home and who find it hard to keep in regular contact with the child and, if the child returns home, neither of the adult parties want replacement in the same foster home. In lack of cooperation between the adults involved, there is a higher risk of breakdown in care and, if replacement is necessary after return home, the child has to move to a second or third foster home. Stability or instability in care or in family belonging has to do with contact between parents and child but also between parent and foster parent. Social workers should be aware of the need to support parents and foster parents in their attitude to each other – in the best interest of the child.

Ingrid Höjer has (2009) written an article in English with the title “Birth parents’ perception of sharing the care of their child with foster parents”. Her study is based on focus groups with birth parents. She also came to the conclusion that in cases where a positive working relationship between parents and foster parents existed, foster carers respected parents, informed them of the everyday life of children and included them in minor and major decisions about the child. In her conclusion she stress the need for child welfare social workers to be aware of how stigmatization and the perception of parents as deviant, or “bad mothers” may affect the parent’s capacity for taking an active part in the care of their children while they are placed in foster care.

I would say that the cooperation between parents and foster parents during childhood may affect the children also as young adults.

Foster parents and their birth children

If foster care will succeed or not may be due to the child and his or her family background, experiences and individual problems. It may also be due to the foster parents or the foster family, their own children included. Foster families should be ordinary families, with surplus of love and care ability, not professionals. But there have been more and more demand of supervision and education of foster carers – and more efforts from social services to find the right way to assess who is a suitable foster carer. There are differences between UK and Sweden and the other Nordic countries, but I will recommend a book by the British researcher John Triseliotis and his colleagues (2000) if you want to read more about *Delivering Foster Care*, which is the title of the book. It may be possible to find the perfect foster family, but the problem left is to find a suitable matching between foster family and foster child. The prerequisites for reciprocal love are not so easy to assess and the matching is emphasised in the literature (se for example Sinclair et al 2006).

When I wrote about the foster parents of “my” 10-year-old foster children (Andersson 2001), their motives, their family and work circumstances, there was not much research on foster carers. The doctoral thesis by Ingrid Höjer, Gothenburg in Sweden, was a good contribution to our research knowledge about *The inner life of foster families*, which is the (translated) title of her thesis (2001). The aim of the study was to find out what impact fostering has on marital relations, on relations between parents and children, and to explore relations between the foster parents’ biological children and foster children. The thesis is interesting and

informative, based on a questionnaire survey as well as in-depth interviews with foster carers. Fostering implies a serious amount of care giving, is mostly initiated by the women – who resides in the centre of the family. This may be familiar to you. Ingrid Höjer also noticed that fostering can make carers less observant of the situation of their own children, and sometimes even have a negative impact on these children. However, carers also report fostering to increase the children's empathic abilities.

About the perspectives of biological children of foster parents see Monica Nordenfors (2006) and Ingrid Höjer (2007). The results show that sons and daughters of foster carers are highly involved in the foster assignment. Most of them valued their relationship with foster children, but fostering could imply complicated changes of everyday life, and they had to cope with conflicts connected to behavioural disorders of foster children, and gain knowledge about foster children's problematic lives. There is a need to acknowledge the contribution to fostering made by sons and daughters of foster carers, the authors state, and to recognise the impact fostering may have on their lives.

Policy, state responsibility and social services

As a matter of fact, I postponed talking about policy issues and the state responsibility for foster care, because there are so depressing official reports from Sweden, Norway, Ireland, Canada, Australia et cetera about bad conditions and occurrences of abuse and offences and acts of cruelty in out-of-home care. In Sweden people have been encouraged to report such experiences (from 1920 and forward) and 1000 persons have communicated severe maltreatment in care and there is a report from the Government (SOU 2009:99). Now there is an on-going governmental redress commission with the task to suggest official arrangements for redress and apology and suggestions how to prevent maltreatment in care in the future. Even if the reports point out that the maltreatment reported is not representative for out-of-home care and that there are not so many severe cases in recent decades as in the 1920s to 1940s or 1950s, there is a great deal of worry for out-of-home care. There are many discussions about better assessments when recruiting foster carers; better control and more support from the social services to foster carers; better continuity in social worker - foster child contact and more direct communication with foster children.

I am sure you are familiar with such discussions and I end my presentation without too much lecturing about improved policy and state responsibility for foster care.

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