What Works in Achieving Adoption for Looked After Children: An Overview of Evidence for the Coram/Barnardo's Partnership

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Background and purpose

This review was commissioned by Coram and Barnardo's to support their partnership initiative which provides consultancy and support to local authorities with the aim of increasing the number of children adopted from care and reducing delays in making and implementing decisions about adoptive placements. The main focus of this review, therefore, is on the evidence relevant to achieving successful adoption for looked after children; although we also refer to other kinds of permanent family placements. This summary of evidence is set out in three sections:

What's the problem?

Here we summarise current policy concerns about adoption and consider:
- Does adoption have better outcomes for looked after children than the other options?
- If so, are too few children being adopted from care and are there particular groups of children missing out on the benefits of adoption?
- What's the impact of delay in making and implementing adoption decisions?

What are the costs of different placements?

This section considers what is known about the relative costs of different types of placement for looked after children. We ask, what constitutes best value?

What needs to happen?

We review the available evidence on what is needed for a more effective approach to the adoption of looked after children, focusing on the three key elements of: care planning; family finding for children; and sustaining adoptive placements. We ask, what works at each stage?

1. What's the problem?

1.1.   The policy concerns

Current concerns about adoption policy and practice date from the 1990s when statistics began to indicate that more children were entering the looked after system but fewer children were being adopted out of care. Reports[1] highlighted the variability of adoption practice across local authorities. In 1998, the Department of Health[2] required local authorities to give adoption a higher priority and bring adoption back into mainstream services. This was followed by a Prime Minister-led review of adoption and the consequent Adoption and Children Act, 2002. This legislation was supported by new National Adoption Standards and specific targets and financial incentives to encourage local authorities to make more use of adoption, where it was in the child's best interests, and speed up decision-making. Overall, adoption expenditure had nearly a five-fold increase between 1994/5 and 2004/5, from £33 million to £159 million.   During this period of reform, the number of children adopted from care increased from 3,400 in 2002 to 3,800 in 2004 and 2005. However, by 2007 the numbers were starting to fall again, due in part to the introduction, in 2005, of Special Guardianship as another permanency option, increasing court delays, and possibly, in part due to the removal of ring-fenced funding for adoption.

A decade later, there continue to be concerns about the effectiveness of the adoption system and the variability of local practice, particularly the length of time taken for a child to be placed with an adoptive family after entering care. In July 2011, a ministerial adviser on adoption was appointed to raise awareness of the need to increase the number of adoptions in England, and reduce delays. The Department of Education has published Children in Care and Adoption Performance Tables, and Adoption Scorecards - indicators of the timeliness of the adoption system in each local authority area. In March 2012, the Adoption Action Plan[3] was published (see Box 1).

> **Box 1: The Adoption Action Plan** sets out the Government's intention to reduce delay in the adoption system by ensuring:
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> *Better training and professional development for the social care workforce* to ensure that more training on child development, attachment and adoption is provided for social workers and family judges. Guidance will be published for family justice professionals based on research evidence in relation to care proceedings and impact of delay. Further consideration will be given to what needs to be done to equip the workforce to deliver the Government's vision with possible further reform proposals in the 2012 children in care publication.

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[1] Department of Health (2000) The Children Act report 1995-99; Social Services Inspectorate (1996) For children's sake; SSI (2000) Adopting Changes
[2] Department of Health 'Adoption – Achieving the right balance' (LAC98)
[3] Department for Education (2012) An Action Plan for Adoption: Tackling Delay

A framework to support timely decision making including: ending the duplication of independent scrutiny by both adoption panels and family courts making a placement order; gathering and disseminating best practice in establishing case management systems, and monitoring to help ensure swifter high-quality decision-making; legislation to reduce the number of adoptions delayed in order to achieve an ethnic match between adoptive parents and child when parents who are otherwise suitable are available; a requirement to make swifter use of the national Adoption Register; encouraging the use of concurrent planning, and a Government consultation on changes to legislation to enable a more stream-lined process for prospective adopters to be approved as foster carers. This would enable local authorities to more easily place children with their potential adopters in anticipation of the court's placement order.

A swifter adopter training and assessment process with the aim of most prospective adopters completing the first stage (pre-qualification) within two months and the second (full assessment) within four; a fast-track process for people who have adopted before, or who are already approved foster-carers who wish to adopt a child in their care; a new national central point of contact for anyone interested in adoption to provide independent advice and information and how to apply to become an adopter.

Improved accountability and transparency through an Adoption Scorecard indicating: the average time it takes for a child who goes on to be adopted from entering care to moving in with his or her adoptive family; the proportion of children who wait longer for adoption than they should and the average time it takes for a local authority to match a child to an adoptive family once the court has formally decided that adoption is the best option. Importantly, for the first time, court delays in each area will be recorded, as well as the number of hard to place children found adoptive families and the number not found a family, and, from 2014, data on how swiftly local authorities and adoption agencies deal with prospective adopters.

There are indications that this recent focus on adoption may be having an effect. The latest figures show that there were 3,450 looked after children adopted during the year ending 31 March 2012. This was the highest figure since 2007 and an increase of 12 per cent from 2011.[4]

1.2.   Is adoption better for looked after children?

The two usual alternatives to adoption for looked after children are returning home to their families of origin or remaining in foster care. Some are made subject to Special Guardianship Orders but, so far, there are no studies of the outcomes of these. There is research which examines the outcomes of adoption, foster care and reunification. However, there are difficulties in comparing the outcomes of these three pathways. First, it is difficult to find samples of children in each group with similar enough backgrounds and histories in order to compare like with like. The characteristics of

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[4]Children Looked After by Local Authorities in England (including adoption) SFR20/2012, Department for Education, 25th September 2012.

children who go down each of these pathways and their subsequent experiences tend to be different. Second, studies vary in what outcomes they are seeking to measure and with whom. Some studies compare placements intended to be permanent, whilst others compare adoptive placements with arrangements that are not planned as permanent. Third, although there is some useful evidence from both Britain and the USA, there are some key differences in the two child welfare systems, so care has to be taken in applying American findings to the British context. In particular, it should be noted that 'stranger' adoptions are comparatively rare in the US where the most common adoptions are by people known to the child i.e. relatives or current foster carers.

- ### Placement stability

A basic marker of success in a permanent placement is that it remains intact for as long as needed. Research in Britain indicates that adoption provides greater stability than foster care[5], although the differences get smaller as the child's age at placement increases, and, as Sinclair and colleagues observe, foster care may appear to be less stable because foster placements are not generally planned as permanent placements.[6]

Schofield's 2003 study[7]suggests that foster care *can* provide stability where it is explicitly planned for. In a study of well-planned long-term foster care for four to twelve-year-olds, 73% of placements were intact after three years, a much better rate than for foster care generally. Looking at the stability of adoptive placements for children of the same age group, Rushton and Dance[8] found 92% of adoptive placements of five to eleven-year-olds were intact at one year, and 71% were intact when the children reached 16 (there is no data on planned foster placements over a similar period). Studies of older children adopted from care show a higher breakdown rate. Rushton and Dance[9]studied 99 children adopted from care in middle childhood and having followed them up to an average age of 13, they found that 23% of placements had disrupted.

Selwyn et al[10] found that long-term foster placements were more likely to disrupt than the adoptive ones in their sample (46% vs. 17%), although the foster children were on average older at placement than the adopted children. However, the rate was much lower if the foster parents were previously known to the child (36%) than if

[5]Triseliotis, J. (2002), Long-term foster care or adoption? The evidence examined. Child & Family Social Work, 7: 23–33; Sinclair, I; Baker, C; Wilson, K and Gibbs, I (2005) Foster children: where they go and how they do? London: Jessica Kingsley; Beihal, N. Ellison, S. Baker, C and Sinclair, I, (2010) Belonging and permanence: outcomes in long-term foster care and adoption. London: BAAF

[6] Sinclair, I; Baker, C; Wilson, K and Gibbs, I (2005) op cit

[7] Schofield, G (2003) Part of the family: pathways through foster care. London: BAAF; Schofield, G and Beek, M. (2004) Providing a secure base in long term foster care. London: BAAF

[8] Rushton, A and Dance, C (2004) The outcomes of later permanent placements: the adolescent years. Adoption & Fostering, 28, 49-58

[9]Rushton A. & Dance C. (2006) The adoption of children from public care: a prospective study of outcome in adolescence. Journal of the American Academy of Child and Adolescent Psychiatry, 45, 877–883

[10] Selwyn, J. Sturgess, W. Quinton, D. and Baxter, C. (2006) Costs and outcomes of non-infant adoptions London: BAAF

they were not (64%). Disruption in both foster and adoptive placements tended to occur early in the placement.

Biehal et al's[11] study of outcomes in long term foster care and adoption found that the adopted children in their sample experienced greater stability than the long term fostered children, although almost a third (32%) of fostered children in their sample were still settled in their original foster placement after seven or more years. They concluded that the likelihood of achieving placement stability is strongly associated with both age at placement and the level of children's emotional and behavioural difficulties.

Fewer studies compare the stability of adoption and foster care with that of children returning to their families. US research comparing outcomes of children who come into public care with those who remain at home[12] found that those who entered foster care experienced a major detrimental impact of placement moves and there was little developmental benefit of foster care placements on children's behaviour compared to children remaining at home. However, once children have been in care for a few months, studies comparing outcomes of the three pathways of adoption, foster care or return home, suggest that reunification is the least successful permanence option, especially for children who have experienced neglect.[13]Two recent British studies[14] identify the factors associated with a safe and stable return to parental care. Younger children are more likely to return home successfully than those who are older. Children who return home with other looked after siblings appear to fare better than those who return alone or are reunited with siblings who have remained at home.

- Behavioural and psychosocial outcomes

A US study by Lloyd and Barth (2011)[15] compared developmental outcomes of children entering care before the age of one year who returned home, were adopted or remained in foster care. The study found that all three groups had language, intelligence, and academic achievement scores within the normal range. However, those children who returned home and those adopted had the most similar and generally positive outcomes. Children in foster care had the poorest developmental outcomes on nearly all measures, even though reunified children had less responsive parents and markedly greater poverty. Lloyd and Barth conclude from their data that long-term foster care is unhealthy for children's development even when poverty is relieved, more skilled caregivers are provided, and perhaps even when placement

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[11]Beihal, N. Ellison, S. Baker, C and Sinclair, I, (2010) Belonging and permanence: outcomes in long-term foster care and adoption. London: BAAF

[12] Rubin, D.M. O'Reilly, A., Luan, X and Localio, A (2007) The impact of placement stability on behavioural well-being of children in foster care. Pediatrics, 119 (2) 336-344

[13] Thoburn, J and Courtney, M.E. (2011) A guide through the knowledge base on children in out of home care, Journal of Children's Services, 6, 4: 210-227

[14]Farmer, E. and Lutman, E. (forthcoming) Working Effectively with Neglected Children and their Families – Understanding their Experience and Long-Term Outcomes. London: Jessica Kingsley Publishers; Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2011) Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-Term Care. London: Jessica Kingsley Publishers

[15] Lloyd, E.C., Barth, R.P. (2011) Developmental outcomes after five years for foster children returned home, remaining in care, or adopted, Children and Youth Services Review 33 (2011) 1383–1391

stability is enhanced.

Lloyd and Barth's review of the overall US evidence concluded that children who were adopted from care appear to experience the least developmental risk, and suggest that this may be in part because they are more likely to live in a more affluent home and because their parents are more willing to access services.

However, when fostered children end up in a planned permanent foster placement they can do well. A British study by Selwyn et al (2003)[16] found only one significant difference in the psychosocial outcomes of teenage adopted and permanently fostered children: that of attachment. The data showed that the adopted group came to placement with more problems in attachment (52% vs. 33% fostered) and yet had better outcomes on this at follow-up. Even those fostered children who did not have a history of attachment difficulties were marginally worse at follow-up than were the adopted children who did. On the other hand, Beihal et al found that most children settled in long term foster homes viewed their carers as parental figures and felt a strong sense of belonging to their foster families, just as adopted children did. However, foster care is only truly comparable to adoption if support is maintained into adulthood. There is no recent UK data on longer term outcomes to compare the experiences of young people making the transition to adulthood from adoptive and long term foster placements.

1.3.   Are some children missing out on adoption?

In any one year, somewhere between six and ten per cent of looked after children in the UK, are adopted from care. Is this too few? And are there some groups of children who are less likely than others to be given the opportunity to benefit from adoption?

There were around 67,000 children looked after by local authorities in England in March 2012.[17]This number has increased by about 7,000 (or 13%) since 2008 (see table 1). The overall profile of children in care has remained very consistent over the past 5 years. 55% of children looked after are boys and 45% girls. Around three-quarters (74%) are White British, 9% Mixed ethnic origin, 7% Black and 4% Asian.

The age profile of children in care has changed slightly over the past five years. Since 2008 there has been a slight increase in the proportion of looked after children under five years (from 20% to 25%) and a corresponding decrease in those aged 10-15 years (from 41% to 36%).

Overall, abuse or neglect was the main reason for children starting to be looked after during the year ending March 2012 (56%). This percentage has increased each year since 2008 when 48% of children were provided with a service for this reason.

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[16] Selwyn, J.et al (2006) ibid

[17] Department for Education, Children looked after by local authorities in England including adoption and care-leavers, year ending 31st March 2012

Following a downward trend in the number of children adopted from care between 2007 and 2011, the most recent statistics (see table 1) show that 3,450 looked after children were adopted during the year ending 31 March 2012, an increase of 400 children (or 12%) from March 2011.

Not all looked after children are potential adoptees. The statistics on children who left care during the year ending 31 March 2012 show that 37% (10,160) returned home to live with their families. A further 16% (4,190) were older teenagers who moved on to independent living or into adult services. Furthermore, adoption is only one long-term, stable option for children who are unable to live with their birth family. Special Guardianship was introduced in 2005 as a way of giving foster carers, a relative or family friend parental responsibility for a child without severing ties with the birth family. Last year, 8% (2,130) of the children who left care did so under Special Guardianship. A further 5% (1,290) were made subject of Residence Orders, generally made to a member of the child's extended family. 74% of children who were looked after at 31 March 2012 were in a foster placement – but as we have noted, for at least some this would be a stable placement sharing many features of an adoptive family situation.

Table 1: All children looked after, children who started and ceased to be looked after, and who were adopted in England at 31 March 2008-2012

	2008	2009	2010	2011	2012
All children looked after	59,360	60,890	64,410	65,520	67,050
All children who started to be looked after	23,250	25,700	28,090	27,310	28,220
All children who ceased to be looked after	24,500	25,030	25,310	26,830	27,350
All looked after children who were adopted during year	3,180	3,330	3,200	3,050	3,450

However, many commentators suggest that the proportion of children adopted from care could and should be higher. There are also concerns that some groups of children are less likely to be considered for adoption than others. Farmer et al[18] found that Black and Asian, those who had significant health or developmental difficulties or were older not only more often remained waiting for a match but were also more frequently diverted from the adoption path altogether (though this was not the case for mixed ethnicity children). Professionals' beliefs about 'adoptability' can be significant in limiting placement plans. Factors such as age, ethnicity, disability,

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[18]Farmer, E., Dance, C. with Beecham, J, Bonin, E and Ouwejan, D. (2010) An investigation of family finding and matching in adoption. Research Brief DfE-RBX-10-05

'damage' and a child's strong ties to their birth family can contribute to pessimism about the chances of finding an adoptive family for a child.[19]

- ## Ages of children being adopted

Children under 5 make up 24% of the looked after population, but represent 73% of those adopted from care, while 10 to 15 year olds who make up 37% of the looked after population represent only 3% of those adopted. The average age at adoption is around 4 years and has stayed fairly stable over the last five years.

Although it is understandable that younger children are viewed as more suitable for adoption, there is research which shows that adoption can be successful for older children and that insufficient consideration is given to adoption as a permanency option for them.[20]

- ## Ethnicity of children adopted

84% of children adopted from care are white. While Black children make up 7% of the looked after population, they represent only 2% of those adopted. Asian children who make up 5% of the looked after population represent another 2% of those adopted. However, the number of mixed ethnicity children adopted has been increasing. They represent 9% of all looked after children and 10% of those adopted from care.

There is some interaction between age and ethnicity in the looked after population which might partially account for the differences in adoption rates. Children from mixed ethnic backgrounds tend to start being looked after at a younger age, and stay in care longer than those from other ethnic groups. By contrast, Black children vary widely in their average age at entering care and in their total length of time in care as do children from the four Asian groups (Indian, Pakistani, Bangladeshi and Other Asian) who also tend to spend a shorter time in care than most other groups.[21]

Selwyn et al's[22] study of pathways to permanence for Black, Asian and mixed ethnicity children found no obvious systematic biases in the Children's Services readiness to take the children into care, nor in the services offered, nor in the proportions for whom adoption was recommended. However, they took longer to consider adoption as a plan, and even if this was recommended, plans changed much more readily afterwards. There were also differences in the quality of assessments – which were poorer for minority ethnic children –although this was in the context of

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[19] Schmidt, T. & McDonald, T. (1998) Children who wait: long term foster care or adoption Children and Youth Services Review, 20 (1) 13-28

[20] Quinton, D., Rushton, A., Dance, C. and Mayes, D. (1998) Joining New Families: A study of adoption and fostering in middle childhood. Chichester: Wiley; Fratter, J, Rowe, J, Sapsford, D and Thoburn, J (1991). Permanent Family Placement. British Agencies for Adoption and Fostering: London

[21] Owen, C and Statham, J (2009) Disproportionality in Child Welfare The Prevalence of Black and Minority Ethnic Children within the 'Looked After' and 'Children in Need' Populations and on Child Protection Registers in England DCSF RR24

[22] Selwyn, J. Harris, P., Quinton, D. Nawaz, S., Wijedasa, D. and Wood, M. (2008) Pathways to permanence for black, Asian and mixed ethnicity children: dilemmas, decision making and outcomes. Bristol: Hadley Centre for Adoption and Foster Care Studies, University of Bristol

generally poor assessments overall.

- ## Disabled children

Sinclair et al's 2005[23] study included the experiences of disabled foster-children compared to non-disabled foster-children to identify if there were any particular difficulties in pursuing permanency for disabled looked after children. Foster children with learning difficulties (but not other impairments) were less likely to be adopted. All disabled children were less likely to return home and therefore remained in foster-care for longer. Disabled children who were adopted, or who returned home, did so after a greater delay compared to non-disabled children.[24]

- ## Sibling groups

Saunders and Selwyn's[25] study of the experiences of those adopting large sibling groups, found that local authorities were sometimes deterred from making an adoption plan, or plans were delayed, because they believed it would be too difficult to find a suitable placement. Their study found that there were additional challenges and support needs in such placements and that care needs to be taken not to put would-be adopters under pressure to take siblings if they are reluctant to do so. However, the majority of adopters in their sample strongly believed that the right decision had been made to keep the children together and almost two-thirds stated that they would recommend adopting a sibling group to others.

1.4.   How much of a problem is delay?

Only 3% of the children adopted from care in 2012 (90 children) had been looked after for less than a year prior to adoption. The average period in care prior to adoption was 2 years 7 months.[26] 65% had been under a year old when they had most recently come into care.

More positively, once a decision has been made to place a child for adoption, statistics show that about three-quarters (74% in 2011) are placed within 12 months. This would suggest that the main problem in delay is getting to the decision that adoption is in the best interests of a child i.e. planning for potential adoption at an early stage.

Selwyn et al's[27] study of 130 children in a local authority for whom adoption had been the recommended option, found that 96 were placed (an attrition rate of 26%). 80 of the adoptive placements were intact at follow up six to 11 years later (83%), an overall 'success' rate of the original recommendation of 62%. Around a quarter of the

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[23]Sinclair et al, (2005) ibid

[24]Baker, C. (2007) Disabled children's experience of permanency in the looked after system, British Journal of Social Work, 37 (7), pp. 1173-1188

[25] Saunders, H and Selwyn, J (2010) Adopting Large Sibling Groups: Experiences of Agencies and Adopters in Placing Sibling Groups for Adoption from Care. Bristol: Hadley Centre for Adoption and Foster Care Studies, University of Bristol

[26] This refers to the most recent episode in care.

[27] Selwyn et al (2006) ibid

130 children became fostered long term and 12% entered highly unstable care careers involving multiple placements. There were several predictors of which of these groups the children entered. Children who were older when they entered care and those who waited longer between entering care and having an adoption recommendation were more likely to be found in the not adopted group. It was clear that those who ended up with multiple placements had been particularly badly affected by delay.

Studies suggest that some children are more likely to experience delay. Ethnic minority children wait longer for adoption to be recommended as the best option and may then wait longer to be placed while a suitable adoptive match is sought.[28]Farmer et al[29] found that older age, ethnicity, and health or developmental difficulties were all significantly related to delay in achieving a match. Of the BME children in their sample who experienced delay (n=32), attempts to find a family of similar ethnicity was a factor in delay for most (70%). Successful matching on ethnicity generally involved the local authority being prepared to move rapidly to widen the search beyond the families they had within their authority. There can also be delays for sibling groups while assessments are made as to whether they should be placed together or separately and, if so, whether a placement can be found.[30]

Apart from children's characteristics, Farmer et al found that post-recommendation delays were caused by lack of proactive work by the children's social worker or family finder (41%), often associated with delays in exploring inter-agency options (30%); slowness in assessing potential families (18%) and rigidity in the search requirements (14%). Court and legal delays, often involving further assessments of parent/s or relatives or guardian opposition to the adoption plan, occurred in 34% of cases.

From their study of 57 children in ten local authorities, identified as suffering/likely to suffer significant harm, Ward et al[31] concluded that the main causes of delay were parents being given repeated opportunities to show whether they could look after the child. The children's needs could be side-lined during this process. The researchers identified delays caused by specialist parenting assessments being undertaken and recommendations for children to remain with birth parents being followed – although in half the cases they were eventually removed. Delay was also caused by prolonged efforts to place children within the extended family even when it was very unlikely that any willing relatives would be able to give adequate care. Ward et al suggest that social workers' lack of training in child development, poor understanding of infant attachment and the impacts of both maltreatment and delay were factors contributing to poor and protracted decision-making. In the recent follow up of this sample of children (now aged 5), the researchers found further evidence of the importance of early, decisive and effective interventions when children are identified as suffering, or being likely to suffer, significant harm. They note that some children have now suffered substantial, ongoing abuse and neglect throughout the first five years of their

[28] Selwyn et al (2008) ibid

[29]Farmer, E., Dance, C. with Beecham, J, Bonin, E and Ouwejan, D. (2010) An investigation of family finding and matching in adoption. Research Brief DfE-RBX-10-05

[30] Farmer et al (2010) op cit

[31] Ward, H. Brown, B. Westlake, D and Munro, E.R. (2010) Infants suffering, or likely to suffer, significant harm: a prospective longitudinal study. DfE Research Brief DfE-RB053

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lives, commenting that their development may well have been compromised by early decisions to leave them in very damaging circumstances with unrealistic hopes that parents would be able to change sufficiently to provide a nurturing home. However, Ward et al also point out that in other families in their sample, the risk of children suffering harm might have been substantially reduced had appropriate, effective interventions been available for both parents and children.[32]

What's the problem?

There is now a substantial body of research exploring the outcomes of adoption and foster care, but there is little information over the long term which would enable us to track and compare outcomes of different care experiences into adulthood, or data to allow us to reliably attribute good or bad outcomes to particular care experiences. However, research does provide evidence of correlations between a child's potential for successful adoption and factors such as a child's age at entry to care, their level of emotional and behavioural difficulties and the detrimental effects of multiple moves in care.

The evidence from research points in the direction of adoption having positive outcomes for children, particularly in terms of stability. However, permanent family alternatives including returning home and permanent foster placements can have similar positive psychosocial outcomes, although current research indicates that planned permanent foster placements are comparatively rare. Foster care is only truly comparable to adoption if support is maintained into adulthood and there are no recent UK data on longer term outcomes to compare the experiences of young people making the transition to adulthood from adoptive and long term foster placements. Reunification of the child to their family of origin can only be considered successful when sufficient changes have taken place to ensure that the child is safe and adequately cared for. Recent research indicates that even when reunification initially looks successful, the situation can deteriorate again over time. Placements with parents and extended family can have positive outcomes but require effective co-ordinated packages of support.

Concerns about some groups of children missing out on adoption are justified. In particular, older children, disabled children and some ethnic minority children appear less likely to be considered for adoption and experience unnecessary delay in decisions being made and implemented.

Delay in making plans for children's long term stability is damaging. Delays can occur at various points in a child's care pathway, but the most significant delay seems to be in reaching a decision that adoption is in a child's best interests. This means that by the time an adoption plan is being developed a child is already older, and is likely to have a longer history of damaging experiences.

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[32] Ward, H., Brown, B and Maskell-Graham, D (2012) Infants suffering, or likely to suffer, significant harm: a prospective longitudinal study. DfE Research Brief DFE-RB209

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2. What are the costs and consequences of different placement options for children?

There is a small but growing body of research on the costs of different care pathways, although there remain practical and methodological difficulties in comparing the costs of implementing different approaches to permanency and linking these to outcomes. In this section we summarise the current evidence on costs of different placement options.

2.1.   Comparing the costs of care

A team at Loughborough University has developed a cost calculator for children's services. This is a tool to calculate and aggregate the cost of children's care pathways, bringing together data on the children's characteristics, their placements and other services they receive with the unit costs of social care activities.[33] In consultation with local authorities, Ward et al identified and worked out unit costs of eight processes involved in the case management of children looked after away from home: deciding a child needs to be looked after and finding the initial placement; care planning; maintaining the placement; exit from care; finding subsequent placements; review; legal process; transition to leaving care.

On the basis of this cost calculator, the researchers concluded that maintaining a placement is the biggest cost to a local authority supporting a child in care, accounting for between 92 and 96% of the total costs. They identified a number of factors that impact on the cost of looking after children including the organisation and procedures within the local authorities, the pattern and types of placements provided and the needs of children. In addition to the age of the child, child-related factors include disability, emotional or behavioural difficulties, and offending behaviour. Not surprisingly, children with the most complex needs cost the most to look after and a small number of children with exceptionally high needs can skew the costs of the looked after population for a local authority.

Ward et al also identified substantial variation between the costs of different placement types. The standard unit cost for maintaining a child for a week in residential care was eight times that of the cost of foster care, 9.5 times that of a kinship placement and 12.5 times that of a placement with the child's own parents. The findings also indicated that the children whose care cost the most were likely to benefit the least from their care experience. Children with the most costly care pathways and least positive outcomes tended to come into the care system at a later age (on average two years older). Children who did not have additional support needs cost the least to look after and were most likely to remain in stable placements and

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[33] Ward, H., Holmes, L., Soper, J. and Olsen, R (2004) Costs and Consequences of Different Types of Child Care Provision, Loughborough: Centre for Child and Family Research; Ward, H., Holmes, L. and Soper, J. (2008) 'Costs and Consequences of Placing Children in Care', London: Jessica Kingsley; Ward, H. and Holmes, L. (2008) 'Calculating the costs of local authority care for children with contrasting needs.' Journal of Child and Family Social Work, 13 (1), 80-90; Ward, H., Holmes, L. and Soper, J. (2006) 'Services for children in care', in Netten, A. and Curtis, L. (eds) (2006) Unit Costs of Health and Social Care 2006. University of Kent: Personal Social Services Research Unit

stay in education. Those with a lot of additional needs had the most costly care episodes and were most likely to experience changes of placements and unplanned school changes.

The research team highlighted some 'false economies' in the system. They noted that postponing service provision might reduce costs in the short term but can result in more costly services and placements in the long term, thereby increasing the overall cost of care. Another example was that of offering only minimal financial support to kinship carers: an apparently cheap option but one that risks the stability of the placement and thus increases the likelihood of more costly placements at a later stage. One of the key messages is the importance of balancing financial costs with well-being costs. In other words, services need to be cost effective, but don't cut costs if the result is going to be detrimental to the child's outcomes.[34]

The cost calculator has been used to develop 'schemata' to illustrate the costs to local authorities and other service providers of children with low, median and high additional support needs.[35] This cost calculator was used by researchers at Demos to compare the costs of two contrasting care pathways.[36] They constructed two exemplars of a 'good' and a 'bad' journey through care, based on information from national statistics on looked after children and evidence from research. Child A illustrated the 'good' care journey, with entry to care at an early age (associated with lower mental health needs), a stable and high-quality placement in long-term foster care, and a supported transition from care at 18, often associated with better mental health outcomes and educational attainment. Child B illustrated the 'poor' care journey, with entry to care at a later age (associated with higher mental health needs), a number of unstable and low quality placements and several unsuccessful returns to her birth family, and a premature exit from care aged 16, often associated with worse mental health outcomes and poor educational attainment.[37]

The Demos team used the cost calculator to estimate the likely process costs of each child's journey through care. They calculated the cost of child A's care journey over 15 years, up to age 18 as £352,053, or £23,470 each year. The costs of child B's care escalate as her placements breakdown and her need for mental health services increase. They calculated the total cost of child B's care journey over 7 years, up to age 18 is £393,579, or£56,226 each year.

The researchers extended their calculations for child A and B up to the age of 30, based on their assumed life trajectories from the age of 16. Child A goes to University whilst child B drops out of education and has continued mental health difficulties. The total cost of child A from 16 to 30 is calculated to be £20,119 or £1,437per year. The cost of child B over the same period is calculated to be £111,923 or

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[34] Holmes, L with Lawson, D and Stone, J. (2005) 'Looking after Children: At What Cost? Resource Pack Choice Protects, Department for Education and Skills: London

[35] Ward, H., Holmes, L. and Soper, J. (2006) 'Services for children in care', in Netten, A. and Curtis, L. (eds) (2006) Unit Costs of Health and Social Care 2006. University of Kent: Personal Social Services Research Unit

[36] Hannon, C., Wood, C. and Bazalgette, L, (2010) In loco Parentis, Demos

[37] The authors note that these exemplars are not intended to imply that good or bad outcomes are an inevitable consequence of these journeys, nor that the 'good' care journey should be viewed as the best option for all children.

£7,994 per year.

Such calculations have to be viewed with some caution. There is no guarantee that a child who experiences a good stable care journey as illustrated by child A will go on to become a well-paid graduate, nor is it inevitable that an unstable care journey as illustrated by child B will lead to long-term unemployment and mental health service use. But research does suggest that better and worse outcomes are associated with these more or less positive care experiences, and that these sorts of cost calculations, therefore, are not entirely unrealistic.

2.2.   The costs of adoption

The first UK study to estimate the costs to Social Services Departments (SSDs) of making and supporting adoptive placements was conducted by Selwyn et al (2003).[38]They looked at the unit costs of the adoption process (i.e. the cost to SSDs of finding an adoptive family for a looked after child). They also considered the weekly costs to SSDs of maintaining a looked after child in placement before the making of an Adoption Order and the weekly cost of providing support to families after adoption.

It should be noted that all the children in this study were 'hard to place' (all entered care late after a history of abuse and were not adopted until over the age of 5 years. Many were aged between 7 and 11years).

The study estimated that the total cost for adoption per child in their sample was £25,782, from finding the family to the making of the Adoption Order.[39] The average cost of placing a child for adoption was £12,075 (with a range of £9,346 to £29,293).

Costs varied according to the complexity of the case, the need for promotional activities to find a family and whether an interagency fee was paid. Staff costs accounted for 77% of the total, family finding 19% and grants/reimbursements to carers and legal/finance just 2% each.

The average cost of supporting the child in the placement until the making of the Adoption Order was £6,092 or £117 per week, with a range of £21 to £260 per week. 54% of this unit cost was for allowances and other financial support and 33% staff costs.

The study followed up the sample post adoption and collected data from 64 adopters. Overall SSD expenditure on adoptive placements reduced by two-thirds once the Adoption Order was granted. However, the unit cost per year (in 2002) of providing post adoption support varied widely. The average was £2,334 (£45 per week) with a

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[38] Selwyn, J., Sturgess, W, Quinton, D. and Baxter, C (2003) Costs and Outcomes of Non-infant Adoption, ibid
[39] This was a 'bottom up' cost (i.e. cost per child) calculated at 2002 levels. The estimates were based on data relating to 96 children placed for adoption, with an average age of 5yrs 7months at placement. Because the data were collected with each child as the main focus, some of the other costs were excluded e.g. the time spent in dealing with enquiries from prospective adopters who dropped out.

range of £71 per year to about £13,500 a year. This reflects the wide range of post-support needs of the families, ranging from very little to a great deal.

Another costing study[40] was conducted by Selwyn et al in 2009 when the estimated cost for a typical local authority of achieving each adoption was approximately £35,340.[41] This study compared the expenditure of local authorities with voluntary adoption agencies (VAAs), finding that a standard VAA spent £36,905 on achieving one adoption placement and provided adoption placements for 30 children. A standard LA spent £35,340 on one adoption placement and provided adoption placements for 33 children. However, the profile of the children adopted through VAAs and LAs was very different with VAAs placing more 'difficult to place' children i.e. more children over the age of four, those with more difficult histories and more sibling groups.

The study found that local authorities tended to regard VAAs as overly expensive whilst under-estimating their own costs of placing children for adoption, partly because of the hidden nature of overhead costs.

Selwyn and colleagues also compared the costs and performance of local authorities in their sample, commenting that the two best performing authorities were nearly three times more effective at placing children for adoption and were four times less costly than the worst performing local authority. They also found that:

• Local authorities that had a separate recruitment team were statistically more effective at placing children.

• Those with the lowest cost per placement (by the number of full time equivalent staff) also tended to be those who spent a greater proportion of their budgets on the inter-agency fee.

• The two best performing local authorities had a stable, enthusiastic and experienced staff team, motivated by a good team leader, with internally agreed targets and a culture where "doing" was expected.

Groves (2010)[42]uses the findings of Selwyn et al's study to argue that more partnerships should be developed between local authorities and VAAs. Whilst local authorities tend to view the inter-agency fee as expensive, he points out that the real cost of securing a successful adoption placement for a child could be recouped in as little as18 months when set against the annual cost of £25,000 of a child remaining in long term foster care.

Other information on costs comes from a study by Farmer et al[43] who looked at four case examples of children from their study illustrating the range of activities to be

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[40] This study was based on a 'top down' calculation i.e. the costs to the authority of the adoption process and included an estimate for overhead costs.

[41]Selwyn, J, Sempik, J, Thurston P and Wijedasa, D (2009) Adoption and the interagency fee, Research Report DCSF-RR149

[42] Groves, J (2010) No place like home, Policy Exchange

[43] Farmer et al (2010) ibid

considered in estimating costs for family finding and matching. Costs ranged from a total of £4,430 for a child who was placed reasonably swiftly within the local authority's resources to £5,835 for a case which involved a wider search. The interagency fee was payable in one case, raising the costs to £13,369. The researchers note that these were all likely to be under-estimates because of the difficulty in obtaining complete data.

Farmer et al also estimated the mean average cost of post-placement services for the first six months of placement as £2,842, excluding financial support, within a range of £980 to £6,270. A large part of this was the cost of provision from Children's Services Departments. Only around a third of the families received any financial support from Children's Services. The average cost of all services plus financial support in this study was £6,604. Again, there were large differences in the cost of the support packages for the families in Farmer et al's sample, with the highest cost package more than six times more costly than the lowest.

Clearly, the costs of adoption do not just fall on SSDs and Selwyn et al point out that adopters often relied on their own resources or turned to other agencies for help. Many adoptive mothers gave up work or reduced their working hours in the first year of placement and a third of mothers continued to do so after the first year because of the child's needs. As their income decreased, adopters described their expenditure increasing, including some paying for services such as educational help and speech therapy.

What offers best value?

To summarise, the evidence comparing the costs of different placement options for looked after children show that for local authorities, maintaining placements is the most costly part of looking after children and these costs increase according to the additional support needs of children.

Where children can be returned to their own families, this may be the least expensive option in the long term, provided reunification is successful and the child adequately cared for throughout childhood. Where this is not possible, kinship placements offer very good value and are generally less expensive than foster care, although it can be argued that more *should* be spent on supporting these placements. On average, adoptive placements also work out less expensive than foster care. Residential care is the most expensive type of placement. Children in both foster and residential care often have additional support needs which add to the costs. However, it is important not to take a simplistic view of these costs. The costs of any placement type increase considerably if it breaks down.

Seeking to save money by pursuing inappropriate placement options or cutting costs by reducing support to carers is likely to cost more over the long term if it leads to an unstable journey through care for a child. The costs of delayed and poor placement planning and support can be very high.

The costs of adoption vary across local authorities with some being more cost-

effective than others. Working in partnership with VAAs can offer good value, particularly in achieving successful placements for children with additional needs.

If the use of adoption increases then it will become more expensive as more time will be needed to recruit, assess and match adopters for children with more complex needs. Post placement support will become even more important and more expensive. However, this investment has the potential for substantial savings in the medium to long term.

3. What needs to happen?

3.1.   Care planning for children's long-term stability

- Prior to entering the looked after system

Delay in making an early decision about a child's long-term care is damaging. There is a strong association between children's age of entry to care, the likelihood that they will experience emotional and behavioural difficulties and their chance of achieving stability in care. Some groups of children whose entry to care is delayed by indecision or drift are at risk of experiencing a longer exposure to abuse and neglect; higher emotional and behavioural problems; placement disruption and instability.[44]

There is extensive evidence of an inverse relationship between the extent of children's recovery from abuse and neglect and the length of time it went on[45]and that late removal from neglectful parental care undermines the chances of later achieving a stable adoptive placement that could contribute to such recovery.[46] However, when a child is still at home and experiencing abuse and neglect there can be a considerable period of indecision before a care placement is deemed necessary. Research suggests that really good, thorough assessment of children's needs and of the capacity of birth parents to be able to meet them – the kind of assessment on which decisions could be confidently based - is not commonplace.[47]A number of studies have found that the decision to take a child into care is often only taken as the result of a crisis. Masson's[48] study of care applications found that nearly half of the cases had been known to children's services for five or more years. Masson found that it often required a decisive event, or 'catapult', to trigger court proceedings. It was extremely rare for decisions to be made on the basis of an accumulation of long standing concerns about child neglect.

[44]Hannon, C., Wood, C. and Bazalgette, L, (2010) In loco Parentis, Demos
[45]Rutter, M (2000) Children in Substitute Care: some conceptual considerations and research implications, Children and Youth Services Review, 22, 9/10, 685-703
[46] Rees, C.A. and Selwyn, J. (2009) Non-infant adoption from care: lessons for safeguarding children. Child: Care, Health and Development 35,4:561-567
[47] Quinton, D. and Selwyn, J. (2009) Adoption as a solution to intractable parenting problems: evidence from two English studies. Children and Youth Services Review 31, 1119 - 1126
[48] Masson, J (2008) Care Profiling Study, Ministry of Justice

A number of studies have found a strong association between children's age at entry to care and their level of emotional and behavioural problems. A study by Sempik et al[49]found that the incidence of emotional and behavioural difficulties demonstrated by children at entry to care increased sharply between the 0–4 age group (18.4%) and the 5–10age group (67.8%).

Monck's[50] review of attachment theory in relation to adoption highlights the impact that troubled and broken attachment relationships can have on the psychological development of children who have been exposed to abuse or neglect and have subsequently entered care. Such children are more likely to develop disturbed behaviour patterns including counter rejection of the caregiver, making it much harder for them to attach to an adoptive family.

In summary, for most children the best long-term option is to remain with their family, provided they are safe and their care is adequate. Removing a child permanently from their family of origin is a huge decision and strenuous efforts need to be made to support families to care for their own children this wherever possible. However, the absence of good quality assessments sometimes accompanied by over-optimistic expectations of parents' ability to change, means that some children are left too long in families who cannot provide adequately for their needs. This means when they do enter care the alternative permanent family options are less likely to work for them. Of course, as Hannon et al[51]point out, it is not always possible or appropriate to take children into care at a younger age, and this step should only ever be taken if the circumstances demand it. However, delay and drift in the system can be avoided at any age. To give children a better chance of achieving stability and associated outcomes of better mental health and wellbeing, decisions on taking children into care need to be made as early and decisively as possible and poorly planned or unsupported reunification attempts need to be minimised.

- In care

Once in care, considerable time may elapse before a decision is made that an alternative permanent family would be the best option. In some cases, relief that a child is 'safe' may be followed by a period of inaction when other more urgent cases take priority. In others, there may be a 'revolving door' in and out of care without a considered appraisal of the real likelihood of reunification being successful in the long term. There is also evidence that delay at this stage is again exacerbated by poor assessment of risks and options: limited analysis of the information available, poorly argued reports and lack of attention to children's needs.[52]Sinclair et al (2005)[53] found that permanence planning was rarely a feature of the decisions about looked after children in their study, even though only 18% were expected to return home. The rest were in need of a permanent alternative, but a year later, fewer than half

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[49]Sempik, J, Ward, H and Darker, I, (2008)'Emotional and behavioural difficulties of children and young people at entry to care, Clinical Child Psychology and Psychiatry 13, no 2, (2008), 221–33
[50] Monck, E, Reynolds, J and Wigfall, V (2003) The Role of Concurrent Planning: Making permanent Placements for young children, British Association for Adopting and Fostering
[51] Hannon et al (2010), ibid
[52] Selwyn et al (2006) ibid
[53] Sinclair et al (2005) ibid

(46%) of them were in the same placement. He found that it was not until children's third placement that efforts really began to plan for a permanency option other than a return home.

Delay also occurs for children who wait for the outcome of a court decision that they can be placed for adoption. One option for avoiding this (mooted in the government's recent Adoption Action Plan) is to approve carers as both adopters and foster carers so that children can be placed with them before they are freed for adoption. A permanency planning project in Northern Ireland has done this and of the 52 children placed with the first cohort of adopters, all were subsequently adopted and none had disrupted in the three to six years post placement.[54]

It is important to ensure that there is a plan for the long term future care of all children, including those for whom adoption is not appropriate. As we have noted above, for many children a long term foster placement can provide a good permanent option, provided multiple, unplanned moves of placement are avoided. Stein[55] argues that stability is the key to building resilience for children in care who have had poor early experiences. Maximising the protective factors for a child involves providing them with a secure attachment to a warm, committed carer, and continuity in other aspects of their life, such as their school and friendship group.

Adoption of children by their foster carers can also be very successful but need to be encouraged and supported. In one study, fears of losing financial help and support were cited as reasons by more than half of all foster carers who had considered, but not pursued, adoption.[56] Hannon and colleagues' review of research found that some foster carers who wanted to adopt the children they cared for had met with active resistance from their social worker.[57]

It is also important to consider the kind of long-term care that children themselves want. One study of children's placement preferences found that older children often wanted to stay in their current placements, but did not want their carers to adopt them.[58]

> **Box 2: The role of concurrent planning**
> Katz et al (1994)[59] define concurrent planning as 'to work towards family reunification while, at the same time, developing an alternative permanent plan'. Originating in Seattle, USA, in the early 1980s, concurrent planning aims to speed the placement of children into permanent families, either birth or substitute. Concurrent planning was introduced in the UK from the late 1990's, sometimes referred to as 'contingency planning' or 'parallel planning'. Evaluations have shown positive outcomes for children placed through concurrent planning,

[54] Kelly, G, Haslett, P, O'Hare, J and McDowell, K (2007) Permanence Planning in Northern Ireland: A development project. Adoption and Fostering 31, 3

[55] Stein, M (2008) 'Resilience and young people leaving care, *Child Care in Practice* 14 no 1, 2008, 35–44

[56] Kirton, D, Beecham, J and Ogilvie, K (2006) Adoption by foster carers: a profile of interest and outcomes, Child and Family Social work, 11, 139-146

[57] Hannon et al (2010) ibid

[58] Merritt, D.H. (2008) Placement preferences among children living in foster or kinship care: a cluster analysis, Children and Youth Services Review, 30, 11, 1336-1344

[59] Katz, L, Robinson, C., and Spoonemore, N. (1994) Concurrent Planning: from permanency planning to permanency action. Seattle: The Lutheran Social Services of Washington and Idaho

but its success hinges on a good understanding of its necessary components, the roles and responsibilities of those involved and good preparation and training.[60]

Katz, L (1999)[61] summarises both the benefits of concurrent planning and the pitfalls which can undermine its effectiveness. She argues that concurrent planning can give a clearer sense of direction and measurable goals in permanency planning, can reduce the number of placements children go through and shorten the length of time in care overall. But she also argues that it is important not to 'oversell' its potential – it will not produce miracles. She outlines the necessary components of the model:

Differential diagnosis: Soon after a child enters care (Katz suggests within 90 days), the agency completes a standardised assessment of the family's likelihood of being reunited within the next two months. Families with a poor prognosis are given a concurrent plan.

Full disclosure: All families are given information about the detrimental effects of children drifting in care and the agency plans for a concurrent placement. The family's options are repeatedly reviewed with them including the use of extended family resources and the option of voluntarily relinquishing the child for adoption.

Timelines: The entire case plan is structured to achieve timely permanency.

Contact: Vigorous efforts are made to institute frequent parental contact (even with ambivalent or unresponsive parents).

Plan A/Plan B: In every poor prognosis case, children are placed with a family willing and able to work co-operatively with the biological parents but also prepared to become the child's permanent family if needed.

Written agreements: Parents are helped by workers to reduce the overall case plan into small steps written down and reviewed with them regularly. Progress is assessed on the basis of observed behaviour.

Success redefined: The primary goal is defined as timely permanency with family reunification as the first but not only option.

Katz highlights some common pitfalls in implementing concurrent planning. A main one occurs where social workers equate concurrent planning with adoption and minimise reunification efforts. Where the plan for a child is over-invested in one placement outcome (e.g. adoption or reunification) then there is no back-up plan should it fail. Assessments need to look at the potential for drift and likelihood of permanency, not just focus on child safety issues.

Katz emphasises that training and support for workers and concurrent carers is critical. This is reinforced by Kenrick's study of concurrent placements made by Coram[62]. In a retrospective study of 26 concurrent planning families, all but one had gone on to adopt the children. However, she describes the uncertainties intrinsic to the process and how far these affected the development of carers' attachments to the infants they were looking after. She particularly highlights the impact of intensive contact with birth parents for the children and

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[60]Wigfall, V., Monck, E., and Reynolds J. (2006) Putting Programmes into Practice: The Introduction of Concurrent Planning into Mainstream Adoption and Fostering Services, British Journal of Social Work 36, 41–55

[61] Katz, L (1999) Concurrent planning: Benefits and pitfalls Child Welfare; Jan/Feb 1999; 78, 1; ProQuest Education Journals: 71

[62]Kenrick, J(2010) Concurrent planning (2) 'The rollercoaster of uncertainty' Adoption and Fostering, Vol 34(2)

their concurrent carers.

- ## Throughout care

Whatever happens during a child's pathway through care, they still need an ongoing plan to develop and sustain continuity of relationships. Initial plans may fail, placements breakdown and, for some children, several changes of placement may be inevitable. But even for these children, who are likely to be older and exhibiting a range of emotional and behavioural difficulties, planning is important to sustain any relationships that can support them into adulthood. Selwyn (2010)[63] reiterates the Children Act care planning guidelines in arguing that in planning for any child in care, a paramount aim should be to develop and safeguard positive relationships with adults prepared to commit their support to the young person over the long term, and this involves giving priority to the maintenance and support of children's networks and relationships at every review. Yet, research by Wade et al[64] (2008) found that social workers are not always aware of who the important people are in a young persons' life. For many, even those who have been in care for several years, birth family members are significant[65] and may return to being able to provide care and support as the child gets older.

What works?

There is evidence that the following factors are important for effective care planning:

Carry out **skilled and timely assessment** of the child's needs and the capacity of their parents/carers to provide good enough long-term care.

Plan for adoption or alternative long-term, stable family placement **as early as possible** and **establish a monitoring system** that keeps things moving, ensures milestones are met and avoids delay. Managers have a key role in supporting this planning as well as ensuring good quality supervision for practitioners.

Review plans regularly and consider other options and strategies at formal, pre-scheduled meetings.

Keep adoption on the table as an option for children regardless of their age, ethnicity or special need.

Make use of concurrent planning to reduce delay and minimise the length of time a child spends in uncertainty. But **don't take short cuts** – concurrent planning needs to be well implemented and have some core elements in place (see Box 2).

Consider a permanent foster placement as a viable option for any child for whom adoption may not be suitable or attainable within a reasonable timescale.

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[63] Selwyn, J. (2010) The challenges in planning for permanency. Adoption & Fostering 34 (3) 32-37
[64] Wade, J.(2008) The ties that bind: support from birth families and substitute families for young people leaving care, British Journal of Social Work 38:1 39-54
[65] Masson, J. Harrison, C and Pavlovich, A (eds) (1999) Lost and Found: Making and remaking working partnerships with parents of children in the care system. London: BAAF

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> Ensure that **every child in care has a plan** which includes developing and **sustaining their relationships** with people who are willing and able to commit support to the child into adulthood.

3.2.   Finding families for children with a plan for adoption

There has been little research on what constitutes good family finding practices which are likely to lead to timely and permanent placements. What is clear is that practice varies widely around the country and that different practices can contribute to, or reduce, delay. Farmer et al's recent study[66] found that a quarter of local authorities and Voluntary Adoption Agencies did not have targeted strategies to recruit adopters specifically to meet the needs of the children awaiting adoption and that many did not begin seeking a family until a placement order was granted. When family finding did begin, the tendency of many local authorities was to take a sequential approach, beginning in-house and only widening the search when these options were exhausted. The study identified two practices that appeared to help ensure against unnecessary delay and resulted in better matches: transferring full responsibility to an adoption worker as early as possible; and having a family finding strategy with timescales and budget, agreed at a formal planning meeting and then monitored and reviewed.

Recruitment of appropriate adopters is crucial to providing timely, permanent placements. Some studies of both adopters and long-term foster carers have concluded that the parents who do best are those who have empathy for both the child and their birth family, enjoy a challenge (and find satisfaction in small successes) and are able to love a child who may give little back.[67]However, Quinton's recent review suggests that we simply do not know to what extent attention to matching makes a difference, because although there are useful studies on the predictors of adoption disruption, few consider child and adopter predictors at the same time[68].

Research suggests that targeted recruitment is required to identify BME and mixed relationship adopters, and those who can care for older children, sibling groups and those with additional needs.[69]There should also be active promotion of adoption by foster carers by ensuring ongoing support – including financial support. This is a crucial means of securing permanence for some older children and children with disabilities who are most likely to miss out on adoption.[70]Ethnic minority parents are also more likely to provide permanence as foster carers rather than adopters, in part

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[66] Farmer et al (2010) ibid

[67] Beck, M and Schofield, G. (2004) Providing a secure base in long-term foster care. London: BAAF. Neil, E. (2003) Understanding other people's perspectives: tasks for adopters in open adoptions. Adoption Quarterly, 6. 3, 3-30

[68] Quinton, D (2012) Rethinking matching in adoptions from care: a conceptual and research review, BAAF

[69] Selwyn et al (2008) ibid

[70] Baker, C. (2011) Permanence and stability for disabled looked after children. Glasgow: Institute for Research and Innovation in Social Services

because some doubt the appropriateness of the complete severance involved in adoption.[71]

Selwyn et al's[72] research on pathways to permanence for BME children suggests that assessment could also play a role in widening the pool of potential adopters for BME children. Both white and BME adopters could be assessed on their ability to support children's ethnic and cultural identity by providing role models within their networks, and provided with training and information on how to support children to deal with prejudice and racism and integrating multicultural traditions into their lives.

The severity of children's emotional and behavioural problems has been found to be a major factor predictive of placement disruption and Beihal et al[73] suggest better use of assessment to identify those children at high risk of placement instability (by using the information in children's Strengths and Difficulties Questionnaire[74]) or by conducting psychological assessments of attachment status. Adopters' capacity to care for such children can also be assessed – in part through assessing their own attachment styles. Farmer et al[75] argue that these issues should be high priorities in matching. Plans should be laid at the outset for the additional training, support and supervision that adoptive parents of these children will require pre and post placement.

Matching needs to be based on clear and accurate information about the child and prospective adopters but this is not always the case. Full information about a child needs to be shared with potential adopters and their preferences about the characteristics of the child they would like to adopt should not be stretched. Farmer et al found that in the three cases of 'serious stretching' in their sample the placements had disrupted by follow up.[76]

On the other hand, there is some evidence that allowing an individual child to become known to prospective carers may allow people to reassess what may be manageable for them and their family – for example in terms of a child's disability[77] and sibling groups[78]. And while adopters' preferences should not be stretched too far, professionals' preconceptions should be challenged.

Young people can themselves make or break placements. Research on stability in all kinds of placements confirms the importance of taking children's views into account as their commitment to the placement is crucial.[79]There is evidence that disabled children are less likely to have their views taken into account than other children.[80] Selwyn discusses evidence from a US project that suggests involving young people in

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[71]Moffatt, P. & Thoburn, J. (2001) 'Outcomes of permanent family placement for children of minority ethnic origin' *Child and Family Social Work*, Vol. 6:2

[72] Selwyn, J et al (2008) ibid

[73]Biehal et al (2010) ibid

[74] Strengths and Difficulties Questionnaire - Goodman

[75] Farmer, E., et al (2010) ibid

[76] Farmer, E., et al (2010) ibid

[77] Baker, C., (2011) ibid

[78] Selwyn, J and Saunders, H (2010) ibid

[79] Sinclair et al (2005) ibid

[80] Morris, J (2000) Barriers to change in the public care of children: having someone who cares, York: JRF

actively finding a family can be an effective route to permanence[81]– but she suggests it's an approach likely to be met with scepticism in the UK.

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What works?

Evidence suggests that effective family finding involves doing the following things:

Recruitment
Develop **targeted strategies** to recruit adopters **to meet the needs of specific children** awaiting adoption;

Target recruitment for particular groups of children, specifically for BME and mixed relationship adopters and foster carers who can care for older children, sibling groups and those with additional needs;

Promote adoption by foster carers by ensuring ongoing support – including financial support – is available.

Assessment
Conduct thorough, evidence-based assessments of adopters focussing on their capacity to care for troubled children, including their own attachment styles;

Assess how white and BME adopters can support children's ethnic and cultural identity by providing role models within their networks, supporting children to deal with prejudice and racism and integrating multicultural traditions into their lives;

Identify children at high risk of placement instability (use the information in children's SDQ or conduct assessments of attachment status to help assess this or commission a child psychologist to undertake assessment in more complex cases) and make sure this is paramount amongst matching criteria;

Plan at the outset **for additional training, support and supervision** that adoptive parents of children at high risk of instability will require pre and post placement.

Matching
Think creatively and flexibly about the range of family types that could potentially meet the needs of each child;

Seek potential matches as soon as the decision to pursue adoption has been taken and **minimise delay in starting focused family finding** by beginning as soon as the 'to be placed for adoption' decision has been taken;

Explore the local, national and VAA options simultaneously rather than sequentially in order to widen choice and minimise delay;

Approach potential families simultaneously rather than sequentially and make the decision about which family to proceed with in a **formal matching meeting** attended by those who

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[81] Avery, R. J. (2010) An examination of theory and promising practice for achieving permanency for teens before they age out of foster care, Children & Youth Services Review 32. 399-408 cited in Selwyn (2010) ibid

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know the child well. A systematic consideration of the options may be supported by producing a matrix of the matching criteria and characteristics of child and family;

Don't stretch adopters' preferences about the characteristics of the child they would like to adopt. But do **consider allowing an individual child to become known** to prospective carers. This may allow people to reassess what may be manageable for them and their family – for example in terms of a child's disability;

Have clear and accurate information about the child and prospective adopters (and share it);

Listen to children's views, including those of disabled children;

Finally, bear in mind that **matching is not a science**, and however good a match can appear at the beginning there is no guarantee that the relationship between the child and adopter will proceed smoothly. Many placements will benefit from ongoing support to develop the relationship.

3.3.   Sustaining adoptive placements

We know surprisingly little about the number of adoption placements that break down: national data on the number of adoption breakdowns are not collected. This has not prevented concerns being raised that disruptions have been increasing. For example, in July 2009 Channel 4 News reported that breakdowns had doubled in the previous five years as a consequence of hasty placements made to meet performance targets. Others (e.g. Narey, 2011) state that breakdowns are rare, affecting only 10% of legal adoptions. Most studies have not distinguished between pre and post-Order disruptions so the current state of knowledge is far from perfect.

There is concern that increasing the use of adoption, particularly for children who in the past might have been considered 'unadoptable', will inevitably lead to more adoption breakdowns. It is therefore important to learn from what we do currently know about the factors associated with placement breakdown and how they may be avoided.

There have been a number of substantial reviews of the adoption disruption literature and specific reviews and research on the process of matching in adoption. The research evidence is consistent on factors that are associated with disruptions. These include: age at placement; a history of previous disruptions; maltreatment; continuing negative influence of the birth parents; and children's behaviour difficulties. More recently, there has been interest in the poorer outcomes for children who had been singled out for rejection in their families and for those with attachment difficulties. However, there has been no recent research on disruption and there may be additional factors that are increasing risks such as the rise in the number of adopted children born to substance/alcohol misusing mothers.

Argent and Coleman[82] outline some common causes of disruption:

- Incomplete or unshared information about the prospective carers or the children;
- Inaccurate assessments of children's attachment patterns;
- Changes in the family (i.e. death, divorce, redundancy);
- Post-adoption depression;
- Failure of health, therapy and education services to meet needs;
- Poor communication between agencies and departments;
- Lack of support for carers;
- Introductions that are planned around the adults and not children;
- Lack of consideration for the needs of existing children in the family;
- Problems with contact;
- Lack of openness in the adoptive family;
- The child not sufficiently prepared for permanence;
- The adopters not prepared for the specific needs of the child.

UK and US reviews of evidence[83]suggest there are factors relating to the child, the adoptive family and the process and practice of adoption agencies which are associated with breakdown.

- ## Child factors

There is a significant association between a child's emotional/behavioural difficulties and adoption disruption.[84]In particular, there is evidence that children with sexual abuse histories and sexual acting-out behaviours may be more likely to have disrupted placements.[85]

Children with strong attachments to their birth mothers have also been found to be at higher risk of disruption.[86]Disruptions are less common amongst children who were younger at placement.[87]Although early studies suggested that siblings adopted together have a higher risk of experiencing adoption disruption than children adopted alone, some more recent international research, has found either little difference in the adoption disruption rates of sibling groups vs. single children or that being placed with a sibling is a protective factor.[88]

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[82]Argent, H. and Coleman. J (2006) Dealing With Disruption, London: BAAF

[83] J. F. Coakley and J. D. Berrick (2008) Research Review: Preventing adoption disruption, Child and Family Social Work 2008, 13; 101–112. A Rushton (2004)A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care Clinical Child Psychology and Psychiatry January 2004 vol. 9 no. 1 89-106

[84]Rosenthal, J.A., Schmidt, D.M. & Conner, J. (1988) Predictors of special needs adoption disruption: an exploratory study. *Children and Youth Services Review*, 10, 101–117

[85] Smith, S.L. & Howard, J.A. (1991) A comparative study of successful and disrupted adoptions. *Social Service Review*, 65,248–265

[86] Smith & Howard (1991) op cit

[87]Kadushin, A. &Seidl, F. (1971) Adoption failure: a social work postmortem. *Social Work*, 16, 32–38.; Barth, R.P., Berry, M., Yoshikami, R., Goodfield, R.K. & Carson, M.L. (1988) Predicting adoption disruption. *Social Work*, 33, 227–2338

[88] Rosenthal *et al*. (1988), ibid; Berry, M. & Barth, R.P. (1990) A study of disrupted adoptive placements of adolescents. *Child Welfare*, 69, 209–225; Smith & Howard (1991) ibid; Hegar, R. (2005) Sibling placement in foster care and adoption: an overview of international research. *Child and Youth Services Review*, 27, 717–734.)

Rushton and Dance (2006)[89] found four child factors that independently contributed to a higher risk of disruption: older age at placement; a longer time in care; a high level of behavioural problems; and having been singled out from siblings and rejected by birth parents.

- Adoptive family factors

The most consistently successful forms of adoption are those where there is a previous relationship between adopter and child, with adoptions by relatives and foster parents who have already been caring for the child being found to be very stable.[90] In one US study, for example, 19% of foster parent adoptions disrupted compared to a rate of 39% of stranger adoptions.[91]

Sellick and Thoburn[92] summarise the key attributes of more successful substitute parents: determination; enjoying a challenge; and having capacity for empathy with both child and birth parents.

There is some evidence that the prior parenting experience of adoptive mothers (but not of fathers) is associated with adoption success.[93]

A recent study suggests that adopters who have dealt with their issues of loss may be more able to form attachments to their adopted children.[94]

- The key role of post-placement support

Maintaining an awareness of the child and family characteristics that might increase the risk of disruption is helpful in assessing the suitability of a match. However, nobody can entirely predict which placements will disrupt and which will stick – some placements thrive despite initial misgivings and others that looked set for success, end up in breakdown. However, what agencies do in providing post-placement support is important in preventing disruption.

Research suggests that the information carers are given (or not given) can be key. Qualitative research in the US investigating the perspectives of adoptive families who had experienced an adoption disruption reported that although they valued the support of the adoption social workers, they felt that they were not given the entire history of the child before placement.[95] In Famer et al's UK study[96], by the six month

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[89] Rushton & Dance (2006) ibid

[90] Rosenthal *et al*. (1988) ibid; Berry & Barth (1990) ibid; Smith & Howard (1991) ibid

[91] Berry & Barth (1990) ibid

[92] Sellick, C., Thoburn, J and Philpot, T (2004) What works in adoption and foster care, Barnardo's

[93] Smith & Howard (1991) ibid

[94] Kaniuk, J., Steele , M., and Hodges, J. Report on a longitudinal research project, exploring the development of attachments between older, hard-to-place children and their adopters over the first two years of Placement,. Adoption & Fostering Journal, 28 (2)

[95] Schmidt, D.M., Rosenthal, J.A. & Bombeck, B. (1988) Parents' views of adoption disruption. Children and Youth Services Review, 10,119–130.

[96] Farmer et al, ibid

follow-up interviews with adopters, 35% of those in their sample had not yet received their child's life story book because it had not been completed.

UK studies have shown that support post adoption has not been adequately provided for many families, is uneven across the country, and access to specialist psychological services and respite care has been difficult to obtain.[97] A 2011 survey of adopters found support is difficult for many adopters to access and there is a mismatch between adoptive families' support needs and the services offered by their adoption agencies: 61% of respondents stated the need for therapeutic services and only 28% of their agencies provide this support.

30% of respondents said respite care would help them to support their children, while only 7% of agencies provide this service.[98]Following their study, Farmer et al judged on the basis of all the available evidence that insufficient support was provided in 16% of adoptive placements and, although numbers were small, it appeared that cases of unmet need for support were distributed very unevenly across the local authorities and occurred less frequently where placements had been sourced through VAAs.

It is safe to assume that anyone adopting children from care will need some support at some stage, particularly where the child is older, has a history of abuse and neglect and/or has any additional special need, or if the placement is of a sibling group. As Hannon et al[99]point out children who are adopted from care may have equivalent mental health needs to children who are in long-term foster care. Rushton (2007)[100] reviewed research on the outcomes of non-infant adoptions and noted that in one study 23% of the placements had disrupted and in another 17%. He observed that the problems children had at placement were not swiftly resolved and even for those placements which last, behavioural difficulties often persist over many years requiring long-term support.

Baker (2011)[101] points out that providing ongoing and reliable support can be particularly critical for sustaining placements for disabled children and there may be a need for guaranteed breaks, co-ordination of support services, support into adulthood and access to specialist help.

Selwyn et al (2008)[102] highlight the need to provide specific support to those caring for BME children. Whatever the ethnicity of the carer themselves, they may require support to understand and develop the cultural identity of the child.

Saunders and Selwyn (2010)[103] describe the additional support needs of those caring for sibling groups and argue that this needs to be flexible, encompassing financial

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[97] Rushton, A., & Dance, C. (2002). Adoption support services for families in difficulty: A literature review and survey of UK practice. London: BAAF

[98] Pennington, E. (2011) It takes a village to raise a child, Adoption UK

[99] Hannon et al (2010) ibid

[100]Rushton, A, (2007) 'Outcomes of adoption from public care: research and practice issues', Advances in Psychiatric Treatment 13: 305–11

[101] Baker, C (2011) ibid

[102] Selwyn et al (2008) ibid

[103] Saunders, H and Selwyn, J (2010) ibid

and domestic assistance and breaks from caring: all forms of support which Saunders and Selwyn found local authorities often reluctant to give.

A recent randomised-control trial of the outcomes of adoption support found that home-based parenting programmes with adopters parenting young children with serious behaviour problems lead to positive changes in parenting satisfaction and less negative parenting approaches. The study suggested that helping carers understand children's difficulties and how to handle them are equally important elements of post placement support.[104] A small study conducted by the team at Coram showed that group-based Webster-Stratton parenting skills training can be effective with adoptive parents.[105]

The issue of contact with the child's birth family becomes even more important as a greater numbers of older children are adopted from care. Recent studies of adoption practice indicate that some form of direct or indirect contact between the birth and adoptive families occurs in over 80% of cases.[106] The research suggests that contact does not necessarily affect the attachment of children to their new families and with older children it has been associated with more successful outcomes.[107]Maintaining contact can be vital to the child's sense of identity and current and future relationships. But it is also likely to generate practical and emotional challenges for those concerned who may require additional support.[108]

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<center>What works?</center>

There is evidence that doing the following things will help sustain adoptive placements

Assume that **all late adopted children and their adoptive families are likely to need a range of support** for emotional and behavioural difficulties at some stage.

Develop a **comprehensive support plan as soon as a match has been made** (including financial support where appropriate).

Provide **training and preparation for adopters** that helps them understand troubled children's behaviour and gives them the skills to promote attachment and resilience.

Provide **coaching around the challenges of the particular child** and the parenting strategies that may be helpful.

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[104] Rushton, A. and Monck, E. (2009) Enhancing Adoptive Parenting; London, BAAF
[105]Henderson, K and Sargent, N. (2005) 'Developing the Incredible Years Webster-Stratton parenting skills training programme for use with adoptive families. *Adoption and Fostering,* Vol 29, Number 4 pp34-44
[106]Lowe, M and Murch, M (1999), Supporting Adoption: Reframing the Approach, London: BAAF;
Neil, E. (2000) 'The reasons why young children are placed for adoption: Findings from a recently-placed sample' Child and Family Social Work, Vol. 5:4, 303-316
[107]Neil, E and Howe, D (2004) Contact in adoption and permanent foster care. London: BAAF
[108]Beihal et al (2010) ibid

Focus on **building the confidence and resilience of carers** and ensuring that supervision, consultancy or training provide both education and advice.

Provide **evidence-based parenting programmes for adopters** (and foster carers) of children with emotional and behavioural problems.

Match new adopters with mentors who are experienced adopters with relevant experience e.g. adopting a sibling group or a child with the same ethnic background.

Include in the support plan **strategies for addressing cultural identity** based on the understanding that children do better when carers communicate openly about ethnicity and when they have opportunities to make relationships with those who share their ethnicity and cultural background.

Provide **ongoing and reliable support** which can be particularly critical for sustaining placements **for disabled children** where there may be a need for guaranteed breaks, co-ordination of support services, support into adulthood and access to specialist help

Ensure that **contact arrangements with birth family members do not undermine the child's sense of belonging** and permanence in their adoptive or foster family. It can help if both children and carers have someone else to talk to about the feelings contact arrangements can arouse.

Make sure that social workers have the time and skills to **listen to what children have to say** – through their words or behaviour – and in the light of this review plans regularly.

Acknowledgements