

Adoption and permanence for children who cannot live safely with birth parents or relatives

THE IMPORTANCE OF FINDING stable and lasting placements with permanent substitute families for those children in the public care who cannot return safely to their birth parents is highlighted by the specific Quality Protects objectives on adoption and long-term foster care. Its significance has been recognised by the establishment of the Adoption and Permanence Task Force and the publication of National Adoption Standards. This is appropriate since research studies provide robust evidence that the majority of placements will last into adulthood, and that for children successfully placed with substitute parents, it is more likely that each of the other objectives will be achieved. Success in this kind of permanent family placement involves not only finding a family and placing the child, but also ensuring that the placement continues into adulthood and provides the child with a ‘family-for-life’.

Studies in the USA and UK have emphasised that two essential elements of well-being are hardest to provide for separated children: a sense of permanence and stability and a sense of personal and cultural identity. Providing the child and the new parents with a secure legal status makes an important contribution to their sense of permanence and stability, which is why adoption is a desirable objective. However, research on outcomes for looked after children indicates that other legal routes (including the proposed ‘special guardianship’) are needed if the benefits of stability and family life are to be available to all children in long-term care. Some parents and, even more importantly, children themselves, recognise the need for an alternative family but do not accept the necessity for the total severance of legal ties. Others have such complex needs that it is unlikely that an adoptive family will be found within an appropriate time-scale. The messages from research about the importance of appropriate continuing contact arrangements with adult birth relatives and siblings and of placing children with a family and in an environment where pride in their culture and ethnicity is nurtured, are also now recognised in legislation, policy and practice. A successful adoption and permanence policy therefore requires careful assessment and recording of the needs of each child and a targeted recruitment and assessment process for new families.

Before proceeding further, a caveat is needed. There are many helpful studies, but numbers of children included are often small and definitive answers are hard to find. On some issues, all studies point in the same direction; in other areas there are contradictory findings. When reading this Briefing, remember that each child has different needs and each permanent placement involves you in doing your own research based on the unique needs of that particular child.

WHICH CHILDREN, AND HOW MANY, NEED PERMANENT FAMILY PLACEMENTS?

It is difficult to calculate what proportion of the 58,900 children looked after in 2001 are ‘candidates’ for permanent substitute family placement. There are examples of successful placement of young people of 17; of

objective 1.2 To maximise the contribution adoption can make to providing permanent families for children in appropriate circumstances

objective 1.3 To reduce the period children remain looked after before they are placed for adoption, or placed in long-term foster care

children with very severe behavioural problems or disabilities; and with complex relationships with family members or previous carers that need to be preserved. Whilst it is harder to place older children successfully, there is no support for the widespread practice of routinely preparing teenagers for independence rather than seeking to place them with substitute families. A review of the data on looked after children suggests that, depending on the range of permanence options included, the number is somewhere between 6,000 and 15,000. If, taking our cue from QP Objective 1b, those needing long-term foster families are also included, the figure will be higher.

The numbers and proportions of children being adopted are rising, and there is a Public Service Agreement target for the number of children adopted from care each year to increase by at least 40% (from 2,700 in 2000 to around 4,000 by 2004-5). However, the recent rise is entirely accounted for by children in the 1-4 age group. This is partly explained by more young children coming into care and by earlier decision making. It may also be that fewer adopters are coming forward who are willing to adopt older children. Indeed, there has been a recent drop in those placed for adoption when over the age of five, both in absolute numbers and as a percentage of all children placed for adoption from care (from 420 or 28% in 1996 to 376 or 21% in 1998).

Only around 200 infants are 'voluntarily' relinquished in England and Wales each year and even in these cases the situation may be complex. Of the 62 children placed under the age of 12 months (from a cohort of nearly 300 children placed for adoption under the age of four, only 23 (37%) were relinquished infants; 34% were more complex but not contested in court and 29% were adopted from care against parental wishes. We do not know how many of the children for whom an adoption plan is made are never actually placed and, perhaps more worrying, how many 'freed' children are legally separated from one family but never placed with another. Two recent UK studies show that for a substantial minority of children whose care plan is initially for adoption (mainly those of school age), the plan changes to long-term fostering.

Children who have two parents of minority ethnic origin are under-represented amongst those adopted from care. A possible explanation for this may be that more children of African-Caribbean descent are placed with substitute parents of their own ethnic origin who prefer to long-term foster rather than to adopt. There is also evidence that children who have two parents of African-Caribbean ethnicity are more likely than white or mixed-race parentage children to be placed with a sibling and to remain in contact with members of the birth family.

HOW SUCCESSFUL IS PERMANENT FAMILY PLACEMENT?

The answer to this question depends on the characteristics of the child, the type of placement and the definition of 'successful'.

Defining success

There are many problems with defining success and the 'success' rate will differ depending on the definition used. Some American research studies use 'child placed' or 'child adopted' as the outcome measure, which results in a higher 'success rate'. In the UK, we tend to use a range of measures to indicate being brought up successfully as a member of the substitute family. Whether or not the placement lasts or breaks down is a somewhat crude

measure but often the only one available for studies large enough to allow for statistical analysis of variables associated with success. Sinclair et al found that 11% of the 285 foster children in their survey had been placed in foster care from adoptive families. Other children re-join their birth families. The majority of placements which last until adulthood are successful on a range of measures of well-being, an impressive achievement given the range of problems which many bring with them into placement. However, in a minority of cases the apparent success conceals unhappiness and failure to meet the child's needs. In a survey of 394 adult adoptees, none of whose placements actually broke down, 7% of those placed when under 12 months and 11% of those placed when over 24 months rated their experience of growing up adopted either negatively or very negatively. The respective proportions for those with mixed feelings were 32% and 53%. On the other hand, qualitative interview studies have found that some placements which appeared to have 'broken down' when the young person was in their teens were later 'mended' with the adoptive or foster parents playing an important supportive role for the young adult.

OUTCOMES FOR DIFFERENT TYPES OF PERMANENT FAMILY PLACEMENT

In an increasing number of cases, placement with the present foster family is confirmed as a 'family-for-life' placement, in some cases with the child leaving care through adoption or a residence order. In 2001 14% of adoptions were by the foster parents. The statistics show that these children are on average older at the time of adoption, and appear to indicate that they wait longer to be adopted. However, many will have joined their foster families at a young age. If research studies include foster care adoptions (as is often the case with US studies), breakdown rates tend to be lower than when the research only includes placements with previously unknown families. In some cases the short-term foster placement is confirmed at a review as a long-term or 'family-for-life' foster placement and attempts to return the child home or find an alternative family cease. There has been a reluctance to take this step in the past, so research cohorts are not readily identifiable and robust evidence on outcome is not yet available.

In the UK, most permanent placements have to date been with parents not previously known to the child, mainly for adoption but, in somewhere between a quarter and a third of cases, as 'permanent' foster placements. (Some researchers differentiate 'permanent' foster placements from 'long-term' placements since the former are planned from the start as 'family-for-life' placements.) When age at placement and other difficulties at the time of placement are allowed for, there is no difference in breakdown rates between those placed with 'strangers' for adoption and those placed long-term with foster parents not previously known to them. When other indicators of well-being are used, some researchers conclude that outcomes are more favourable when children are adopted but the voice of the child is mixed, some saying they were very pleased to be adopted, or wished they had been; others saying they would not have been willing to be placed if they had to be adopted rather than fostered.

Depending on the 'mix' of ages and the proportion of the (more likely to be successful) kinship or foster care placements in the sample, breakdown rates for children placed from care vary between 10% and 50%. From a large UK study of 'stranger placements', the breakdown rate between 18 months and five years after placement was 22%. Most studies find no statistically

significant difference in placement breakdown rates between children of minority ethnic origin and white children.

what helps

The social work task can be broadly divided into five components:

- making an accurate assessment of each child's needs and maintaining a profile of all children in need of permanent family placement
- recruiting, selecting and training enough families who can meet the needs of the range of children awaiting placement
- deciding what sort of permanence option and what sort of family can best meet the child's needs
- matching the child with the family
- providing, or arranging the provision of, a range of social work and other support and therapeutic services for birth relatives, child, temporary carers, and all members of the new family.

WHAT MAKES FOR A SUCCESSFUL PLACEMENT DECISION?

Roy Parker, in the DH overview of recent UK research, explores the complex ways in which different variables overlap and combine to influence placement outcomes. Below the age of 11, the younger the child at placement, the more likely is the placement to be successful on all measures, which is why the government target is for 95% of children for whom the plan is adoption to be placed within 12 months. The hazard not to be overlooked, though, is that in a small minority of cases of a chronic nature a proportion of adults placed as babies in 'closed model' adoptive families develop emotional problems. However, there are indications that once over six months of age, the risks associated with placement increase. Earlier experiences of privation, deprivation or maltreatment increase the risks.

- Some 'relinquished infants' are not placed until after the age of six months. Find ways of speeding up the placement once the birth parents have had time to be sure of their decision. In cases where adoption is necessary but the parents initially disagree, do all you can to involve them in the planning process, including seeking a placement with continuing contact if parents request it and there are no reasons why it is inappropriate. (The evidence is that post-placement birth family contact is least problematic for children placed as infants, yet in the UK it is least likely to be part of the plan.)

For those placed with parents not previously known to them, the breakdown rate is around 20% for those placed at the age of eight, rising to around 50% for those placed around ten or 11. The good news is that it stops rising, and even goes down a bit, for those placed as teenagers. The risks increase for those who have emotional or behavioural problems at the time of placement, and for those who, irrespective of age, have been maltreated. Most large-scale studies conclude that children placed with a sibling are less likely to experience breakdown than children placed alone, although more recent studies emphasise that the decision must be made on a case by case basis .

Another piece of good news is that a very wide range of parents can be successful substitute parents. Apart from a heightened risk found in some (though not all) studies if parents have 'own grown' children close in age to

what helps

the child being placed, no other easily measurable characteristics are associated with more or less successful outcomes. Most qualitative studies point to personal characteristics such as flexibility, the quality of family relationships and the approach to parenting tasks. Successful families describe a wide range of motivations. What seems to be important is that self-directed motives such as wanting to become a parent are combined with an element of altruism (showing up in the ability of the parents to empathise, not only with the child but also with his or her biography, and thus to develop an understanding of the problems in the birth family which led to the need for placement). It is probably this characteristic, as well as benefits for the child's sense of identity, which explain the finding from a majority of studies that families who can facilitate post-placement birth family contact are less likely to experience placement breakdown. More detailed research is needed on the different sorts of post-placement contact and on the circumstances when direct or indirect contact will not be in the child's interests.

- When recruiting, assessing and training potential adoptive and foster families, especially for children past infancy, it is emotional capacity, parenting skills, attitudes and values you must concentrate on. In particular, what sort of pre-care and in-care biographies can they understand and empathise with, and what skills will they bring to the parenting task?
- When placing a child past infancy, move as quickly as you can, but don't skimp on the assessment of the child's needs. This will involve a very careful study of present behaviour and also of past and present relationships with birth relatives, siblings and carers. Once the child's needs have been assessed, look for a family who can meet these needs. The more you regard assessed needs as dispensable (the need to be placed with a family of a similar culture; the need to be placed with a sibling; the need to have continuing sibling or adult birth relative contact; the need to stay at the same school) the greater the risk of placement breakdown.

There is no statistically significant difference in disruption rates for minority ethnic children placed with ethnically matched and with white families. It is important to know this if there are, for example, good reasons why it is inappropriate to move a child from foster parents to whom he or she is well attached. However, qualitative studies indicate that parents and children who are visibly and culturally different from each other have extra obstacles to overcome in successfully meeting the child's identity needs.

The evidence supports a flexible approach to legal status for the majority of looked after children who are past infancy. For some children, and some birth and new families, only adoption will do. For some children and some birth and substitute parents, adoption will be unacceptable. For the majority of looked after children of school age or above, (including under fives who are part of sibling groups) finding the family with the attitudes and skills to meet their needs will be more important than legal status. For these children, an approach of looking at the same time for either an adoptive or a long-term foster family will increase the pool of families with the motivation and abilities to meet the child's identified needs. It also avoids that sense of 'let down' and 'second best', to say nothing of the delay, when

the child is told, perhaps after 12 months, that no adopter has ‘wanted him’ so you will have to look for a foster family.

SOCIAL WORK PRACTICE

The emphasis in this Briefing has been on the decision-making process, partly because there is more evidence on what makes a good decision than on what is effective practice, but also, because there is much evidence that it hard to mend a bad placement decision with good post-placement practice.

With adoptive and foster families

The evidence on any associations between different methods of practice and placement outcomes is not robust, but the messages from families about what they find helpful are consistent and support the practice used by specialist adoption services.

- Although finding the assessment stage stressful, most families consider it essential. A combination of group sessions based on an educative model and a relationship-based home study process is generally seen as appropriate. The trusting relationship plays a major role in carrying the family through the next stages until the child has settled in, and change of worker is to be avoided.
- The detailed accounts in several studies of the emotional and behavioural difficulties of children exposed to different forms of maltreatment and neglect can help the practitioner to select and prepare adoptive and foster parents for the tasks which lie ahead.
- Support over the waiting period must include regular contact with the home study worker, even if only by phone, and help to say no if the parents feel a proposed matching is just not right.
- With direct or indirect contact being a feature of over 80% of placements, the evidence from a recent study that the why and the how of contact were not adequately covered in the selection and pre-placement training is a cause for concern.
- After placement, the model preferred by most families is for the worker who did the home-study to be the ‘key worker’. A knowledgeable ‘sounding-board’ rather than a ‘therapist’ is what is usually needed during the early months. Sound advice and help to devise appropriate parenting strategies or to get the appropriate school placement or financial backing will often be important. Help to negotiate the most appropriate contact arrangements, and at the time of court proceedings, are often necessary. Twenty-four hour phone access to someone they trust is a must, even though it is rarely used.
- At the later stages a more episodic service is likely to be needed. If the child remains troubled and needs therapy, being treated as partners in the helping process is greatly valued, as is the therapist’s sensitivity and understanding of the special issues around adoptive or foster parenting.

With children and young people

- Before matching decisions are taken, those past infancy will need space and skilled help from a trusted adult to make sense of the trauma of separation and any earlier maltreatment. The power-dimension needs careful consideration, since a child can be carried away by the worker’s enthusiasm to ‘make things better’ and the worker can let that same

enthusiasm prevent her from hearing what the child is really saying. A major reason for placement breakdown is that the child was not emotionally willing to be placed with a new family but was not enabled to say so. At the same time a picture will be built up of the child's needs, attachments, wishes, hopes and fears. A balance has to be struck between unnecessary delay and appropriate time to complete an assessment and to find the right family.

- Once placed, the child's welfare must be central to the work undertaken, and monitoring of their safety and well-being is essential. However, the message from most children is that their own worker should 'back off' from the high level of involvement at the time of introductions and give them time to feel a part of the new family. When the child is in long-term foster care, within the overall requirements of the regulations, the style of supervision and monitoring must change to help to create a 'sense of permanence'.
- A negotiated and minimally obtrusive monitoring and family support role will be most effective if the worker uses knowledge from research to help with early recognition of the sorts of behaviours which adopters find it hardest to manage.
- Although some of the most troubled youngsters will need continuing therapy, research indicates that it is often not until a period of years after the placement that individual therapy will be needed. Both educational and clinical psychologists have been reported as particularly helpful, as well as specialist post-adoption counsellors.

With birth parents

The paucity of research on services to birth parents reflects the paucity of the services themselves. Some post-adoption centres are developing models of practice with birth parents. Two pieces of advice stand out from the available evidence:

- At the time of care proceedings and planning for the permanent placement, a relationship-based advocacy and support service is essential if birth parents are to be helped to play a constructive part. The National Adoption Standards require that birth parents should have access to a support worker independent of the child's social worker. Sometimes it will be preferable for another agency to do this work. 'Grief work', if needed, will come later, after the adoption order has been made.
- Most birth parents and other relatives having direct or indirect post-adoption contact will need help to get it right. Without this, and especially if they have only indirect contact, they are likely to become discouraged and pull out of the arrangement, leaving themselves to cope with another failure and their children with another let-down.

Finally, permanent family placement work goes on into adult life, for the new parents, the young people and the birth parents. *The Adoption and Children Bill* should lead to a huge leap forward in legislating for this. New research and consumer accounts of searching and reunion are bringing fresh insights, and the benefit of hindsight, to the knowledge base on permanent family placement.

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This Briefing has been independently and anonymously reviewed by an academic and a practitioner with special interest in adoption and permanence.

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