The adoption of looked after children

A scoping review of research

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2

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Contents

Acknowledgements

Preface

This review of research on adoption was commissioned at a time of intense debate, instigated by central government policymakers, about the key role played by adoption in providing good outcomes for children. SCIE's response was to seek better information about the current state of adoption research, and in particular to examine closely the view that 'adoption works' in the light of evidence about what works for which children and families with what kind of support. We are grateful to Dr Alan Rushton for undertaking this review.

This is a *scoping* review, providing a summary of the main trends in research in a field of social care, rather than a comprehensive account of all the research such as would be available from a *systematic* review. Its purpose is to alert the public – policymakers, practitioners, managers, researchers and of course the children and families involved in adoption – to the main messages from research in this field.

SCIE has close relationships with a number of the key stakeholders in adoption, and this review has already begun to influence the thinking, for example, of those with responsibility for planning adoption research. Now that central government is fundamentally reviewing the shape of services to children and their families, SCIE hopes that the carefully evidenced and thoughtful messages from this review will further inform public debate.

Professor Mike Fisher
Director of Research and Reviews

Summary and recommendations

Aim

To map the literature on the adoption of children from public care and to identify the extent of research based knowledge, to note the gaps in the evidence, and to make broad recommendations for future research.

Method

To identify the key research issues but not to conduct a comprehensive review or critical examination of individual studies. To identify existing reviews where available.

Findings

Adoption research has grown over the last 40 years but, as the methodological quality has increased, so has the complexity of the questions to be answered. This will always remain a challenging field of enquiry because of the complex concepts being examined and because adoption is constantly undergoing changes and becomes a 'moving target' for researchers. Small-scale research has been conducted into agency activities and their contribution to effective practice (for example, recruitment, assessment, matching, preparation) although robust evidence is lacking on the consequences of varying modes of practice. Knowledge has accumulated on outcomes of early and late placements although information on teenage placements is lacking. More needs to be known of service opinions based on representative samples and especially the views of black and minority ethnic adopters and the birth parents. Comparisons of the cost benefits of different configurations of support services are entirely lacking.

Recommendations

Adoption research needs to be considered as part of general research into placement choices.

Larger-scale, more scientifically complex, more elaborate and therefore more expensive studies need to be commissioned to gain a lifelong perspective on adoption, to answer questions about predictors of outcome, the consequences of contact arrangements for all the parties, and the cost-effectiveness of adoption support interventions. Many smaller-scale studies need to be commissioned to monitor the progress of the various policy and legislative initiatives related to the push for adoption.

Terms of reference

"The purpose of a scoping exercise is both to map a wide range of
literature and to envisage where gaps and innovative approaches may
lie."[1]

Although considerable uncertainty exists about the meaning of the term
'scoping' and the level of expectation of a scoping exercise, this review
aims to adhere to the above definition and will make it clear at the
outset what is being included and excluded. It was agreed that this
review would be restricted to the placement of children from public
care into adoptive homes. Many important topics are not therefore
dealt with. It will not cover relinquished infant adoptions, step-parent
or international adoptions nor other family placements such as permanent
fostering, or guardianship. These different forms of placement are certainly
of interest and overlap of need clearly exists, especially for post-placement
support, but limits have had to be drawn to stay within the requirement
for a 'brief overview'. Furthermore, the review does not deal in detail
with the specific needs of placed children who have medical conditions
or severe physical disabilities or serious learning difficulties, important as
these are for the families concerned. The review does not deal with
adults adopted as children, their need for mental health services, or their
experience of searching or of reunion with birth families.

Published *research* literature will be the main source of evidence here
although practice and policy papers, the results of Department of Health
(DoH) inspections and the proliferating websites would need to be
included in any comprehensive review. The brief was *not* to write a
critical methodological review covering all the contributors to adoption
research and examining the merits of individual studies, but to conduct
a broad enquiry into the state of knowledge of the field, drawing attention
to existing systematic reviews where available and to reflect on their
conclusions. In so doing, the review aims to indicate where secure
knowledge has been established and where findings are suggestive but
not definitive, and to 'scan the horizon' for future research directions.

2

Adoption policy in the UK and in international context

All observers of the field of adoption in the UK are aware of the recent political initiative to promote the greater use of adoption as a solution to the care of children who cannot live with their birth families. This drive for 'permanence' has been welcomed in many quarters, and can be considered relatively non-contentious in relation to children who have lingered uncertainly, and for far too long, in the care system. Every effort must clearly be made to expedite the secure placement of these children. However, this strong preference for permanence via adoption has also excited debate on the grounds that not all children need the same solution. They may be 'children who wait', but they may not be waiting specifically for adoption. Many older children, for example, may not be best placed in adoptive families and their views need to be heard in the decision-making process.

Concern has also been expressed that advancing adoption as the preferred placement choice is driven not only by child welfare imperatives but also by the need to reduce state expenditure on the 'in care' population. Favouring adoption, it is argued, may also turn alternatives such as long-term foster care and residential care into a second-class option, although good quality placements of this kind may correctly be the first choice for some children. Furthermore, the concentration on adoption may encourage a fragmentary approach to the child welfare field rather than embracing an integrated view of the available placement choices so that the best plan is made for each individual child.

More intensive and well-targeted family support and parenting interventions may help children to remain with birth families and a number of studies are examining new approaches to making placement choices and expediting care plans. These include Concurrent Planning[2] and Family Group Conferences[3,4]. These initiatives may result in some children being returned home and others being placed with relatives, thus avoiding unnecessary delay and the need for a non-relative adoptive placement.

In examining adoption policy, recent developments in comparing

European and international attitudes and activities are proving instructive[5]. Clear differences exist in the use of adoption as a placement choice. The UK and the US lead the world in non- relative adoption. In the UK, 3,100 children were adopted from care as at 31 March 2001 compared with 2,700 in 1999/2000[6]. In the US, 51,000 were so placed, far more than in any other country[7] . The recent seminars funded by the Nuffield Foundation have revealed major differences of opinion and policy towards adoption between countries[8]. Some countries take a radical stance on not severing ties with birth parents and not terminating parental rights with birth families when a child is in need or at risk (for example, Sweden does not permit adoption of children from care without parental consent) and favour the policy of family preservation, or placement with relatives but without adoption.

Unfortunately such value positions are mostly held without reference to independent outcome data from the countries concerned. It is therefore impossible to say whether the children prosper as a result of these childcare policies, whether the extensive use of foster care or kinship care is an adequate solution or what use is made of residential care and with what consequences. Countries may well come to different conclusions about the preferred policy depending on their traditional approach and their cultural and religious heritage. However, the debate about placement policy will advance more when the child welfare research capacity of all countries allows for better comparisons of outcome from carefully conducted follow-up studies.

In the UK, where intensive and sustained birth family support has proved hard to provide, a serious risk exists that, in the name of family preservation, children can be returned to homes where they are not safe and their well-being is not secured. Multiple admissions to care, and returns home and moves within care, often take place sometimes followed, after indecision and delay, by adoption in middle childhood[9]. By this stage difficulties are likely to have accumulated in all developmental domains[10]. In the case of 'children who wait' in the care system and children exposed to serious adversity at home, compelling arguments exist for considering, early on, a plan for adoption, with or without severing connections with the birth family, depending first on the needs of the child.

In England and Wales, the government has set an ambitious target of increasing the number of children in care placed for adoption by 40% and has supported this aim with additional funding (via the *Quality*

Protects programme in England[11] and similar initiatives in Wales). The new Adoption and Children Act was published in November 2002 and included in its aims is the intention to reduce delay, to strengthen adoption support and to align adoption law with the 1989 Children Act. The 'Adoption and Permanence Project' (www.doh.gov.uk/adoption) has a number of elements: giving assistance and encouragement to local authorities to improve their performance (Adoption Task Force); establishing the National Adoption Register (to facilitate more rapid placement and better matching); setting up the National Adoption Standards for England (giving a clearer statement of what can be expected from adoption services[6]); envisioning an adoption support framework and using the Beacon Council Scheme to disseminate good practice in adoption.

This 'scoping' review will progress from the selection and preparation process and address the key issues once the child is placed. Each section will indicate the scope of contemporary adoption research and suggest what further studies are needed to increase understanding and to provide a better evidence base for policy and practice.

Recruitment, assessment, matching, preparation and placement of children

3.1. Recruitment

The successful recruitment of new adoptive parents can be considered the *sine qua non* of adoption policy. This will be necessary in order to increase the pool of families from which to choose in order to facilitate matching and in order to achieve the government's targets for an increase in the number of children adopted from care. National Adoption Week, run by the British Association for Adoption and Fostering (BAAF), is the major recruitment drive, but despite the publicity and interest aroused, a follow-up study[12] showed that only 11% of enquirers were still involved at some stage in the adoption process a year later. More needs to be known about the cost-effectiveness of this form of recruitment and what proportion of enquirers recruited in this way finally gain an adoption order. Other means of publicising the need for adopters, by shop fronts, market stalls, by local and national TV programmes and by information videos need evaluating. It is particularly important to know whether these recruitment campaigns are reaching black and minority ethnic families, whether adoption is perceived positively by them and what level of subsequent placement is achieved. Of the many aspects of recruitment that could be researched, the nature of the initial contact with the agency should be investigated to discover which factors are associated with follow-through (for example, warmth of reception, time to talk, experienced receptionist and appropriate amount of information). Lack of such information hampers the drive to engage all those enquirers who show a serious interest and to find adopters who could potentially meet the needs of the children.

Many couples without children will wish to parent healthy infants, and to do this some will take the route of international adoption, and potential adopters approaching local authorities may also hope for

younger children. Traditionally this has left a shortfall in families prepared to take on the large number of older and 'hard-to-place' children or sibling groups. This calls for a broadening of previously restricted application criteria. However, extending the traditional criteria has led to disputes about the suitability of various groups: single parents, unmarried couples, gay/lesbian adopters, people with disabilities. With some of these non-traditional groups, examples of such placements have not been sufficiently plentiful to research comparative outcomes.

3.2. Assessment

3.2.1. Of the applicants

The government is currently reviewing the adopter assessment process with the aim of improving the fairness, transparency and consistency of assessments across agencies[13]. Screening of prospective adopters must clearly exclude those who may pose a risk to children, or whose motivation is not child-centred, conflicted relationships. Beyond securing these essential safeguards, however, is the question of what is known about the family and personal characteristics of adopters that that have been shown to be associated with positive and negative developments in the placement. Such knowledge needs to be used in any assessment. Some factors like age, experience, education and religious affiliation of the adopters have shown an association with outcome but not consistently so. Various parent characteristics have been proposed and are currently used as good indicators for selection of prospective adopters: child-centredness, warmth, consistency, flexibility, tenacity, a sense of humour, capacity to reflect on problems and their origins and inventiveness in parenting strategies. However, no evidence has been gathered that possession of any of these characteristics independently predicts a successful placement. It is likely that a complex interaction of factors is responsible for which placements disrupt and which survive satisfactorily.

To date, no studies have collected data at the point of assessment and related it to placement outcome. One study[13] showed that certain adoptive parent characteristics such as 'warmth' assessed immediately after placement, had an influence on one-year outcomes. However, it was shown that positive or negative patterns of interaction developed between new parents and a particular child and it was the nature of the

relationship that determined outcome rather than specific parent characteristics. The implication is that only so much can be gained from the pre–placement assessment, and it then becomes particularly important for adoption workers to be able to detect the first signs of relationships running into difficulty (and to establish effective means ways of heading off trouble). A research group at Coram Family/Great Ormond Street[14] is trying to establish whether the attachment style of the new carers contributes or not to the child's growth of attachment.

3.2.2. Assessment of the children

Knowledge of the children to be placed and their difficulties needs to advance beyond casual or partial practitioner judgements to more systematic and holistic assessments. Kirby and Hardesty[15] have given guidance on conducting detailed assessments of the history, cognitive, socioemotional development and general well–being and mental health of looked–after children and Quinton and Murray[16] have recently discussed the assessment of the emotional and behavioural development of children looked after away from home.

Practitioners need a widely accepted, easy to administer, brief assessment tool of proven reliability and relevance to 'in care' populations in order to screen cases for a range of problems to reveal the level of need and the likely degree of challenge to new parents. Without this, it is hard to plan specialist interventions services. Not all problems may be detected by foster carers or they may not seek or signal the need for help. Checklists that merely mark the presence of behavioural problems are probably not as useful as those that attempt to define the profile of problems. This should include the social characteristics of the child and should assess the impact and consequences of the child's behaviour, for themselves and for others, and use the available evidence to assess which problems are likely to persist or diminish over time. The proposed assessment and progress records, part of the Integrated Children's System[17] promises to address these issues and to deliver a common approach to the assessment of children's developmental progress.

In addition to the assessment of problems, 'readiness for placement' is a practitioner concept worthy of investigation. The means of conducting such an assessment need to be documented and judgements of 'readiness' need to be related to the subsequent capacity of the child to settle in to

the new placement initially, and to integrate successfully with the family in the longer term.

3.3. Matching

Clearly every effort must be made to select from the pool of potential adopters those who can meet the needs of the child or sibling group, are likely to be able to mange the child's difficulties, have realistic expectations, can demonstrate warmth and acceptance and be committed to placement stability. However, a recent review of the evidence on matching[18] concludes that research has yet to provide clear indicators of what constitutes a good match. The available research suggests that it would be a mistake to look for single factors in the new parent or child, but it would be preferable to employ an interactive model to predict likely difficulties and to try to anticipate how they might be best managed. Independent research is needed into the matching process to establish whether factors prior to placement can be identified that predispose to good outcomes.

One of the most contentious issues in matching the child or children to new parents is whether new parents should be selected according to racial and ethnic background. This debate has a long and fraught history, much influenced by race politics. The arguments are summarised and the research comprehensively reviewed in Rushton and Minnis[19].

However, the available evidence has revealed less about the experiences and identifications, at home and in the wider community, of representative samples of these children. Because racist attitudes exist in society and the children may experience a disjunction both between themselves and the adoptive family's community and between the community they are ethnically related to, they are likely to have additional challenges to face and so it is now generally agreed that agencies should try to make the closest ethnic match whenever possible.

Thoburn, Norford and Rashid[20] have shown that the majority of transracial placements they studied (that is, a black child or mixed race child placed with a white family) were successful, although some negative outcomes were recorded. Such studies need to clarify whether it is the ethnicity dimension itself that is related to outcome and not some associated factor like pre-placement experience or level of difficulty. Transracial placements were once more common but now, with a shift

in professional opinion against them, it would be difficult to find a large enough sample of different race placements to study. Furthermore, such children would probably be different in a number of other ways in addition to race which led the placing agency to consider a transracial placement. Research interest is now more likely to focus on samples of transracially placed children and their adult adjustment and identities[21].

3.4. Preparation

3.4.1. Preparation of the new family

Recruitment strategies and modes of pre-placement preparation have not always kept pace with changes in the population of children to be placed: now mainly those with special needs.

The practice literature indicates that models of preparation vary considerably. They need to be evaluated for their relevance and some evidence exists that experienced and inexperienced parents need a different approach and content. However, the types of preparation offered, the menu of items covered and the level of expertise of the presenters have not been defined and categorised in such a way as to permit comparison. It is also important to learn more about the ways in which adopters' own children react to the entry of a new child and to understand better what adoption might mean for them and for their extended family. As progress is made in introducing standard pre-placement packages, these should aid the task of evaluation[22].

3.4.2. Preparation of the children to be placed

Although preparation of children, especially 'Life Story Work', has been described and promoted by practitioners, studies are lacking on how this subsequently affects the child's development and placement. It also raises many unresolved therapeutic concerns such as whether re-awakening abusive experiences from the past serves to resolve or to re-enliven the ill effects. Rushton and colleagues[23] investigated whether pre-placement preparation of children was related to progress of the placement and found that even when high quality direct work was offered to the children, if the child was unamenable to the therapy and over-

active, little benefit was observable in reducing problems once placed. Researching this area is extremely difficult and no large-scale trial of the effectiveness of pre-placement work using a relatively standard and clearly specified intervention has been attempted. Practice remains theoretically driven.

Given the need to recruit broadly for prospective adopters in order to find appropriate ethnic matches, and the need to take into account the child's origins and background as part of the assessment, cultural familiarity and absence of discriminatory or stereotypical responses is required of the agencies and professionals involved. Research into the cultural competence of agencies in their recruitment, assessment, preparation and support activities would be of considerable benefit, as well as the need to investigate which models are better received for different groups.

3.5. From placement decision to adoption

In order to counter 'drift' in the care system, new permanency timeframes are being introduced through the National Adoption Standards so that adoption as a possible placement choice is considered at an early stage and that the wait for a suitable placement is shortened. The factors which continue to work against reducing delays need to be systematically investigated, whether it is decision making, recruitment and assessment, court procedures, or professional tardiness[24].

The new Specialist Adoption Centres in England and Wales are designed to make the processing of cases more efficient by using adoption specialist staff. Waiting times between admission to care and adoption have been investigated[25] but the legal progress of cases in new schemes needs to be tracked. The adoption experience for new parents should be easier if the children are younger when placed and less exposed to maltreatment and delay, but it will also be important to undertake research to establish whether compromises are made in assessment, matching and preparation and consulting birth parents wishes' in order to meet exacting targets.

A recent survey of local authority and Voluntary Adoption Agency providers' views[26] suggested that many authorities in England and Wales are implementing mechanisms to improve decision making and planning for looked-after children. The impressions of many were that children were moving through the system more quickly and thus being referred for adoptive placement earlier than before. However, several respondents

commented that the court process continues to cause delays, in some cases substantial ones.

In each of these areas (recruitment, assessment, matching and preparation), we still need to know whether there are differential consequences for conducting the work in one way rather than another. Service users' views are, of course, important but not equivalent to independent assessment of the links with subsequent placement progress. More robust findings can be used to be more prescriptive about policy and practice.

4

Adoption outcomes

Research has progressed over the last 40 years in establishing the rates, causes and some of the immediate consequences of adoption disruption. These studies, largely US- and UK-based, have occupied a vital intersection of policy related research and longitudinal studies of child development. Little will be said here about healthy infants relinquished for adoption, except that the outcomes have generally been found to be very positive, much more so than with late adoptions, and better than certain birth family outcomes[27]. However, the adoption of very young children who were admitted to care following neglectful or abusive parenting is a most important topic. The initial focus on placement in middle childhood has been necessary in order to investigate the group known to be at high risk, but as the population being placed for adoption becomes younger, these outcomes also need to be researched. The concurrent planning study, for example[2], has collected such a sample.

A number of research reviews have recently been conducted on children placed from care for adoption, all of which have given some attention to outcome. Sellick and Thoburn[28] conducted a research review on studies up to the mid-1990s covering all forms of temporary and permanent family placement. Their review is written for practitioners and managers and has a strong emphasis on social work practice, decision making and case management. *Adoption now: Messages from research*[29] covers recent Department of Health-commissioned research and by means of identifying common themes in the studies, consolidates what is known on key questions like preparation, contact and support and delivers messages for policy and management. Rushton has recently reviewed the outcome literature in adoption, fostering and residential care[30], highlighting the methodological issues in comparing outcomes, and Cohen[31] has taken a more child psychiatric approach, stressing the determinants of adjustment in the children, developmental problems and the potential importance that clinical services have for adoptive families. Organisations such as Research in Practice at Dartington and the Hadley Centre in Bristol have produced briefings to link established research findings with pointers for good practice. Howe[32] in his review of adoption outcome research was concerned with how practitioners

make sense of the findings, and concludes wisely that "we need to handle with care both empirical and moral certitudes".

In relation to non-infant placements, about a dozen studies have been published examining outcomes for children placed with non-relatives. Briefly, these have shown largely similar disruption rates of about 20% with a range of between 10 and 50% depending on the composition of the sample and rising with age of placement (see Appendix 1). Even where children are placed in middle childhood, adoption appears to work well for most, at least at the level of placement stability. On this basis it is reasonable to say, as the government does with some enthusiasm, that 'adoption works'[33]. However, the picture is much less positive for adolescents and the full story is much more complex.

4.1. Meaningful measurement of outcome

Adoption researchers agree that measuring outcome is a challenging proposition and is probably becoming more problematic as a multiple indicator approaches are being developed[32,34,35]. Placement disruption is undoubtedly a somewhat crude indicator, but reduction in the disruption rate should nevertheless remain as one key service target. However, new developments have been taking place in assessing outcome in different kinds of placement, including adoption[36]. More detailed assessments are now being made of the well-being and functioning of the children across all developmental domains, gathering the views of all the parties to adoption, especially the adopted young people themselves, assessing the quality of the new families' relationships and documenting the continuing problems in sustaining placements. As research teams try to measure outcomes for a variety of placement choices and are devising more useful classifications than just disruption or survival, there is a risk that they may produce differing classification systems, leading to lack of comparability of findings. This complexity will make it doubtful whether the success of the current push for adoption can be judged on the basis of simple indicators. At least a shift should take place away from disruption and adopter satisfaction alone as indicators towards including assessments of the well-being of the placed children and also eliciting their views.

The Maudsley team[37] has attempted a classification of placement progress that goes beyond placement survival. They found that, of their 131 late placements followed up to adolescence (average age at follow-

up 14.5 years), 71% were intact at follow-up. Half (52%) of these continuing placements had progressed very smoothly throughout or were positive at the time of follow-up, despite earlier difficulties. A second group of parents, however, reported a fairly negative experience, characterised by unhappiness with the placed child or high levels of stress throughout (34%). Most of the parents in the latter group were still being severely tested by developmental and behavioural problems, including aggression, destructiveness and over-activity. In the remainder of the continuing placements, it was not possible to establish the quality of the placement if the families did not wish to cooperate with the research or if it was uncertain at the time of follow-up.

4.2. The importance of longitudinal research designs

Only rarely in the UK is a new adoption follow-up study initiated. Selwyn, Sturgess, Baxter and Quinton are currently engaged in a study of children placed for adoption between 3 to 8 years in Avon, and followed up employing parental interviews (the ALSPAC study). This will provide important new evidence on predictors of differential outcomes partly because important epidemiological data will be available on the child's pre-care experiences. Possibilities exist for other studies, which follow-up samples which were gathered some time ago and where the adopted children are now adolescents or young adults. Clearly the viability of such studies will depend on the adequacy, completeness and reliability of the original data and the likelihood of successfully re-contacting the sample. Data on a matched non-separated sample would be valuable to compare whether the psychosocial status of the adopted people differs from the general population.

Many important questions remain about the adoption of certain groups: for example, children who are being placed younger with fewer placement changes, but nevertheless have behavioural problems associated with mothers who were substance abusers during pregnancy and who had poor quality relationships in early infancy. More knowledge is also needed on the placement of adolescents who want to be adopted and the level and type of support necessary to maintain these placements, which previous studies have shown to be prone to disruption. We are lacking longer-term prospective follow-ups into adolescence, and on into early

adulthood and beyond. Lack of detailed outcome data on placements made in the current service context hampers the assessment of adoption policy.

4.3. Monitoring disruption

The Department of Health is currently considering ways of establishing adoption disruption/survival rates nationally by checking on the frequency with which children re-enter care and the reasons for re-admission[13]. However, tracking outcomes can be very time-consuming and can easily result in missing or partial data. Detailed, interview-based research is probably necessary to establish more reliably whether the placement has irretrievably broken down as, in many cases, ascertaining this is not straightforward.

4.4. Comparison of adoption with long-term fostering outcomes

An important question is not just how adoptions turn out, but how they compare with other placement plans. On first inspection, outcomes for adoption might appear superior to outcomes in long-term foster care. All the major research studies have confirmed that long-term foster care placements are particularly vulnerable to breakdown[38]. Despite making plans for children to remain on a long-term basis in a foster home, they are often moved or they live with uncertainty overhanging their future placement. This has led to serious questioning of the foster care system and concerns about the child's experience of foster care. Adoption, by contrast, even with late placement of special needs children, is associated with lower disruption rates and placement stability confers a reduction of problems over time and growth of attachment for most, although not all, children[39].

Despite deficiencies in the foster care system, some children and young people do, nevertheless, find a 'family for life' through fostering. They become integrated into the family and community network and continue these relationships when they leave home and become independent[40]. Although no studies have made detailed and direct comparisons of these high quality, stable foster care environments with adoptions, differences

in adjustment during the placement are not likely to be pronounced. Whether advantages show for the adoption route in young adulthood and later is not known, although one could speculate that adopted people may do better because of their parents' financial circumstances.

Research into differences between adoption and fostering outcomes is complicated, however, by the fact that children taking these different routes may be different in other significant ways, not just in age, but in background and abuse histories[41]. Simple comparisons can be misleading and new studies with large samples are needed in order to control for differences in the populations.

It would be reasonable to say that adoption from care should be considered 'worth the risk' on the basis of late placement studies, but evidence is emerging that adoptions clearly do not 'work' for a minority, or at least were not satisfactory at the point of follow-up at adolescence. It should be remembered, however, that this picture may improve in early adulthood, as was shown in Howe's study[42]. Furthermore, outcomes need to be judged against what might have happened to these vulnerable children had they not been adopted.

If late adoptions from care result in a minority doing poorly, what alternative might there be for them apart from family placement? Some might argue for a return to the use of (good quality) residential care. On the other hand, hope could be held out that, with more effective support for the adoptive families, the disruption rate could be reduced and appropriate assistance could be brought to placements in difficulty.

Clearly more is becoming known about the consequences of placement decisions. However, the messages from research have not been as clear-cut or as easily translatable into practice guidance as some might have hoped or currently believe. It is still hard, at the start of the placement, to foretell whether it will last. Adoption research is probabilistic not deterministic.

5

The child's previous experiences and current difficulties

Longitudinal data can be analysed to reveal predictors of placement outcome. When selecting variables that lend themselves to relatively easy categorisation, most studies confirm that the factors associated with disrupted placements are older age at placement[43]; the child's adverse experiences in previous environments[44]; the level of behavioural difficulties at placement[10] and placement of a child in an established family with a resident child of similar age[38]. In many cases, of course, these risks act cumulatively. However, it is worth noting that research has not shown the sex and race of the adopted child to be associated with greater risk of placement instability, and disability carries less risk of disruption than emotional and behavioural problems.

Beyond these basic findings, the meaning of other associations with risk becomes harder to unravel. For example, children placed together in siblings groups tend to have better outcomes, but this finding may be confounded by age of the children (sibling groups that remain together are likely to be younger and therefore carry less risk) or because the experiences of the singly placed children in their birth families are different in important ways from children placed together[45].

An important field of study of great relevance to adoption is the growing research both on pre-natal and early experience, and on child maltreatment and its consequences, for all aspects of development and especially attachment[46]. However, it is striking that the child maltreatment literature has remained rather separate from the adoption adjustment literature. For example, it is often unclear from maltreatment follow-up research who is currently caring for the child, birth families or alternative carers. However, much understanding can be gained from the study of *developmental recovery* following adversity or trauma, and from the making of *fresh attachments* with strangers.

5.1. Common problems in the children

Although it is likely that adopted children will have problems across a whole range of functioning, three groups of problems are prominent in the children and in the new parents' descriptions of the difficulties which are hardest to handle: these are behavioural and emotional problems, relationship difficulties and educational problems. Behavioural and emotional problems are extremely common in samples of placed children, although the minority of children with severely disturbed attachment patterns have probably attracted more attention[37]. Indeed Brand and Brinich[47] have shown that the difference in behaviour problems in adopted compared with non-adopted children is accounted for by a small proportion of children with a high level of problems.

5.1.1. Behavioural and emotional problems

Common behavioural problems in samples of late adopted children include non-compliance, aggression, over-activity, lying and stealing, and common emotional problems include anxiety and fearfulness. Such problems can be extremely taxing for new parents, and if they show little sign of abating over time may lead to calls for the child to be removed. Understandably the stress may be even greater if these problems are exhibited by all the members of a large sibling group[45]. Longitudinal research gives answers as to which problems are likely to persist for adopted children over time (for example, over-activity), and which are more likely to attenuate (for example, temper tantrums). This information is vital in shaping effective interventions with parents and with children to reduce the level of problems.

5.1.2. Relationship problems

Although most children, even from disturbed backgrounds, still have the capacity to form new relationships in time, some children have much more difficulty in showing warmth, expressing feelings, regulating their emotions and entering into close relationships. These children are extremely hard to parent. The application of attachment theory to relationships in adoption[48] has helped in understanding the origin and

consequences of insecure attachment, although there is little certainty as yet as to which problems genuinely flow from disruptions or distortions of attachment relationships or from a host of other possible sources. A danger exists that practitioners will come to believe that attachment theory explains all and that attachment–related therapy is necessary in all such cases. Careful assessment of the problems and the range of possible explanations of their origins always needs to be undertaken before interventions are embarked on prematurely.

5.1.3. Educational problems

Attention has been drawn to the poor educational progress of looked–after children and, in the last few years, with joint efforts by health and education departments to increase educational support and to improve outcomes (see *Education Protects*). These children will mostly carry their learning problems into their adoptive placements and schools, and new parents may have to cope with a lack of basic skills, slow educational progress, communication and concentration problems and to have to negotiate with schools over reports of difficult behaviour, poor relationships with peers and teachers. New parents may have to battle with the education system over obtaining psychological assessments and appropriate school placements, finding socially inclusive schools and educational help and advice. In an early study of late placements[23] it was reported that school problems assumed larger importance as the placement progressed. It is not known how late adopted children fare throughout their school years and to what extent they succeed in higher education. It is also important to know what contribution educational difficulties have on placement stability and quality of family life. Future adoption research should embrace developments in the child's life beyond the immediate family.

Contact arrangements with the birth family after adoption

The introduction of the practice of 'open adoption', whereby continuing contact is maintained between the adoptive family and the child's birth family, has led some people to allow their enthusiasm to run ahead of the evidence. Practitioners began to claim broadly beneficial effects of contact, and to state that this conclusion had research support. However, this was being asserted with incomplete data and on the basis of methodologically weak studies[49]. Since the Quinton et al critical reviews and the robust academic exchanges which followed[50], this practice and research question has been opened up more to scrutiny. Practice papers are now more likely to acknowledge the dispute about the strength of the research evidence and tend to be more sceptical of broad prescriptions for all children.

However, no research group has yet initiated a study to examine the short and long-term effects on the children and the involved parties of various forms of contact. Some studies have been set up in the US (see the whole issue of *Child Welfare*, 1996), although the best follow-up study[51] was based on relinquished babies and not children placed from care who would mostly have histories of parental abuse and/or neglect. Berry et al[52] have provided questionnaire-based data showing no difference in the level of behavioural problems according to whether children have contact or not. However, they do not subdivide the in-contact group according to the type of contact. A recent UK study focuses on children placed at a relatively young age[53]. Children older at placement and in direct contact form a small proportion of the samples studied, although this is where evidence is most needed.

A contact outcome study might be hard to undertake on methodological, ethical, practical and cost grounds, but is necessary if such questions are to be answered. The design would need to produce evidence on the effect of contact itself while accounting for the many potentially confounding variables. It would require examining prospectively a representative sample, not just those cases currently known by an agency to be in contact. For example, it would need to be of

sufficient size to detect significant differences between groups. The groups would need to be equivalent, especially in their pre-placement experiences, and would need to be tightly defined according to who has contact with whom (parents, grandparents, siblings, previous carers), the type of contact (face-to-face, letter box etc), frequency and duration of contact. Outcome measures would need to go beyond simple stability of placement indicators to reflect the child's views, security of identity, self-esteem and psychosocial profile. We would learn from such studies not just about single point outcomes but about changing needs and changing effects over time. Prospective studies can reveal what proportion of those placements which started out with a plan for face-to-face contact arrangements continued amicably, or ceased abruptly, or ended in disagreement, or tailed off. Furthermore, they can establish if there were points in time when contact became easier or more fraught, or ceased but were subsequently re-established. Different models of professional contact management need to be tested, the level of skill required, including time and cost considerations. Information on children's views of their contact experiences is important[54], as is the voice of children who are not in contact with the birth family.

In the absence of such studies, researchers have taken other approaches to investigating contact arrangements. The most recent enquiries have been concerned with information exchange[55]: the feelings and relationships of all the parties involved in face-to-face contact and what helps and what are the obstacles to successful contact[55]; the day-to-day impact on families of contact and ways of providing effective support[56]; and with case-based analyses of decision making and the attitudes of professionals[57]. Despite the interest in obtaining, in each case, the views of all the involved parties in a contact arrangement, complete data are not easily achieved[58].

These studies of the *impact* of contact suggest that adoptive families can comfortably accommodate it, although much depends on the ways in which both general information and specific plans are introduced to the families. Ambivalence about the desirability of a contact plan on the part of the worker can be informally conveyed to the adopters and may leave them feeling uncertain and hesitant about following through. Research in both the US and the UK has identified a tendency for plans to be more acceptable, and more likely to be fulfilled, when adopters (and presumably birth relatives) feel an element of control over the proceedings. We are learning from practice-related research how best to

introduce, implement and monitor contact plans, and how to support the participants before and after contact. A well conducted *effects* study still remains to be undertaken. Lack of such data prevents strong practice guidance being issued on when and in what circumstances contact is likely to be beneficial.

Adoption support, the views of service users and the evaluation of interventions

7.1. The views of service users

Rushton and Dance[26], in their recent review of the adoption support literature, concluded that family social worker support post–placement, but *pre-adoption order* has generally been well received by new parents, at least when concerned with positive encouragement and help to understand the child's problems. However, studies have shown that support *post-adoption* has been inadequately provided for many families, is unevenly spread geographically and access to specialist psychological services and respite care has been difficult to obtain. The adopters' assessment of the value of these services varies with the skill and expertise of individual practitioners and sound advice on practical management of the children's difficulties has often been lacking.

However, in their UK-based survey of adoption support services, they found that substantial changes are taking place in many agencies, although faster progress is needed in order to achieve equitable and timely access to specialist services. It is not evident that the relevant mainstream services in health and education have as yet responded effectively, as is true for most families whose children have 'special needs'. Gaining access to specialist services remains difficult except for families in a small number of city centre or areas in which there happens to be specific provision. Families often wait too long before requesting a service, by which time they are likely to need a particularly sensitive and expert intervention, but too often face yet another wait before receiving it. The authors concluded that serious consideration should be given to the establishment of regional adoption support resources that build on and coordinate the experience of the services already in existence.

Some knowledge of consumers' needs and satisfaction levels with routine and specialist services has been established by means of follow–

up studies, surveys and agency-based audits[59]. Those who received the services they requested have generally been satisfied, but many studies have only elicited the views of those families in contact with services. More needs to be known about views of adopters who have experienced a disrupted placement, who do not attend, or quickly drop out from, services provided. An adoption service is made up of many components and consumer opinion surveys often differ in the elements they cover. A recent US study[60] is worth consulting as an example of a rigorous quantitative approach designed to elicit more detailed feedback with comprehensive coverage of the components of a modernised adoption service.

Numerous gaps exist in the literature on consumers' views of adoption support. The views of the adoptive parents and service providers have been much more frequently canvassed than the views of the children or the birth parents. Thomas and Beckford[54] have carried out pioneering research into the young people's views. Only recently has the experience of birth fathers been investigated[61]. The views of black and minority ethnic adopters have only been gathered in small-scale research. Representative samples of the parties to adoption need to be studied rather than those who are researched 'by convenience' because they seek help. Many new support services are being developed currently, but no attempts have been made to identify areas where the adoption services are differently configured and to conduct independent comparisons of levels of service user satisfaction, service effectiveness and cost considerations. Filling the gaps in service user research will increase the prospect of adoption services being much more carefully tailored than in the past.

7.2. More specialist interventions

More secure information is urgently needed on how to support adoptive families facing the considerable challenge of parenting those adopted children with severe and continuing difficulties. For example, studies of parent intervention and support programmes claim high rates of success in enabling parents of children with conduct problems to change their behaviour[62]. Do these also 'work' with recently adopted children? More adoption-sensitive interventions need to be developed and standardised and tested for cost–effectiveness. Barth and Miller[63] have called attention

to the broad range of methods of intervention that are being practised that have little empirical support, and they call for the adaptation of existing therapeutic methods which have proven effectiveness.

Questions about the effects of intervention are best settled by use of randomised controlled trials (RCTs), where the effects of the intervention *itself* can be isolated from differences in the groups being compared. RCT methodology has by no means been universally accepted in the field of social science and by social care professionals, although here is not the place to respond to the 'realist' or 'post-modern critique'. It is hard to form a judgement on the merits of the RCT and the significance of what can be learned from such trials when so few 'real life' trials are available to consult. Appendix 2 gives details of the only published studies to date to use the randomised design in post–placement intervention, although the studies differ considerably in the populations studied and the methods of intervention applied. One study is currently being conducted to evaluate the effectiveness of additional specialist interventions compared with routine post–placement adoption services alone[64].

Over the coming years many more trials need to be set up to compare different interventions to support placements in difficulty (individual and group-based, child or parent or family-focus-ed), with the input delivered at different points in the placement, over a different duration, of different intensity and in different settings. Such trials will need to do more than demonstrate the superiority of one form of intervention over no intervention. We need to know what works best for whom, and how to replicate the interventions to achieve the same results. Beyond this we need to understand the mediators of outcomes and the processes of change. The accumulation of findings of this kind promises to contribute a great deal to practice-relevant knowledge, while lack of such knowledge may allow for a proliferation of interventions, many of which may be of little value or, indeed, may be harmful.

Conclusions and recommendations

8.1. Adequacy of the evidence base for current policy

This review began by expressing the view that adoption should not be pursued separately from childcare policy generally. The same concern applies to adoption research where placement choice should be the proper field of study rather than adoption alone. Especially in relation to older children, the young person's ethnicity and degree of birth family contact and the policies and the traditions of the authority responsible for them, may all be implicated in whether adoption is pursued or whether long-term fostering is the family placement choice[65]. For the future, following up children in need of a variety of placements, with a range of different features, and examining the consequences of such choices will produce more valuable answers than tracking adoption samples in isolation.

Some progress has been made in the rigour of design in adoption research and the research questions have become more ambitious. Samples are being defined more clearly and are being tracked over time, taking more of a life span perspective; children's views are being solicited and multiple perspectives on outcome are being gathered. On the quantitative side, more elaborate statistical analysis is being applied (especially regression techniques for analysing multiple interacting variables). Qualitative approaches are being fruitfully employed to gain richer understanding, especially of the views and experiences of the key participants.

Adoption will always remain, however, a challenging field of enquiry because of the complex concepts being examined. For research to progress, commonly used concepts need more precise definition and continued questioning as to their relevance for adoption. The following terms, naming but a few, deserve consideration: developmental recovery, fresh attachment, adopters' parenting style, coping strategies, placement outcome, identity and service satisfaction. Many of these concepts are hard to define, but unless some consensus can be reached on the meaning

of these terms, the results of studies will be non-comparable or even non-interpretable. These factors, and many others, will constrain how much robust and relevant research-based information is available and could potentially be available to policy makers and practitioners.

A small growth of adoption research capacity is evident in the last decade in the UK, mostly based in social work and social policy departments in universities and in large specialist treatment centres. However, little research capacity exists in either local authority family placement teams or Voluntary Adoption Agencies, where service innovations are often taking place. These agencies need support in formulating viable research designs, applying for research funds and linking with research advisors to initiate and support research into new initiatives. Because of the problem of small sample sizes known to each agency, more collaborative arrangements need to be investigated and promoted.

Interview-based research, which is likely to be the best method for providing rich data, is usually based on relatively small data sets, and so the statistical support for findings will probably be weak or important associations may remain undetected. Furthermore, small samples can produce sample specific results. For example, the type of agency from which the data are drawn may deal more with children with disability, or low-income adopters, or more experienced parents, and then the results can only be applied in relation to the specified research sample characteristics. Case file research lends itself to delivering a much larger sample, but it is harder to know what processes underlie the statistical associations that may be revealed.

8.2. Gaps in the evidence base and research priorities

We have seen the arrival of permanency planning and research attempts by researchers to establish the broad effects of such a policy. But now, additionally, changes in contact arrangements, increased support services and the exposure of the children to different kinds of risk (for example, substance-abusing parents), present a changing scenario and changing questions. Adoption research resembles trying to spear a moving target. Few once-and-for-all findings are to be had.

Despite the emphasis on the 'adoption triangle' (composed of children, adoptive and birth parents), research attention has not been equally

distributed to all sides of the triangle. The bulk of the work has been based on adoptive parents' views and their accounts of their children, with research on birth parents' experience pre- and post-adoption lagging far behind. One possible reason for this is the reluctance of birth parents to consent to involvement in research on an especially painful topic: the loss of their child/ren to adoption. It may also be the case that social services have not in the past pressed for research into this group, their advocate organisations may not be as influential as those for adopters, and there may be a reluctance to expose the level of need for support services for this group. Recent practice papers, however, do show a growing interest in providing services for birth families[57,66].

Despite increased emphasis on using adoption for the permanent placement of children in care, a mechanism for coordinating and prioritising family placement research does not seem to exist in the UK at present. It seems likely that the current modes of funding research, involving competition for scarce funds and the need of researchers to protect their research ideas, is contributing to the lack of cohesion.

8.3. An outline of needs and priorities for adoption research

Despite Department of Health funding, and the important summary published as *Adoption now*, adoption research has not by any means been completed and could well be said to be only just beginning. The recommendations, suggested below, for future adoption research, are only those that fall within the coverage of this review which, in the introduction, specified the excluded topics.

Two broad groupings of potentially useful studies will be proposed:

- complex scientific studies and
- smaller-scale, consumer-oriented and policy implementation studies.

8.3.1. Complex scientific studies

Placement outcomes and factors influencing outcome

Instead of more studies of placement choices examined independently, we need a large-scale investigation that allows for comparisons across placement types but that is capable of accounting for differences in selection into the samples. The study should be based on a nationally representative cohort of children being placed in the context of contemporary levels of preparation and support services. It needs to be large enough to compare all types of placement away from home (adoption, foster care, kinship care and residential care), and to examine placements made at pre-school age, middle childhood and adolescence. Follow-up should continue beyond adolescence into early adulthood. The key research gains will be knowledge of which placement types have the best outcomes for which children and young people, what the consequences are for all the parties involved, and what factors are associated with variations in outcome.

This new research needs to be multidisciplinary and especially to include in the research team neuro-developmentalists and health and social care economists. Knowledge of outcomes of placements when the birth parents have been substance abusers is important, as is the origin of the restless, over-active pattern of most ex-care children in whatever placement. Such a study will be highly important for developmental psychology as well as providing an empirical base to guide interventions with specific problems.

It will be relatively expensive to establish a large representative cohort with good quality data on background history. To give an indication not based on detailed costing, it may need funding in the region of £1 million (depending on the sample size and the means of data collection) for the first three years but should be cheaper thereafter. The possibility of linking with European sources of funding in order to conduct a multi-country study would make this even more worthwhile.

Post-placement and post-adoption contact with the birth family

Other studies need to be prospective, but not necessarily as long term. A study is urgently needed to compare the consequences of different

levels and types of post–placement/post–adoption contact with the birth family to investigate the well–being of the children and the effect on all the involved parties. This will be essential in answering very pressing questions about placement arrangements for practitioners and for the courts. This should also be started as soon as possible. A five-year follow-up study especially with detailed assessments of the children in face-to-face contact is required and may cost: in the region of £1 million over six years.

Studies of interventions to prepare and support placements

Adoption support services are crucial for reducing children's problems, responding to adoptive parents' stress and unmatched expectations. They therefore deserve to be evaluated. Examining the effects of preparation and training can be fairly short term, while more specialist intervention studies using RCTs are more ambitious, will need longer follow–up and will be more expensive, but are essential in order to answer 'what works' questions. The setting up of RCTs must be a priority, but they will need to overcome the practical and ethical difficulties and methodological weaknesses that make outcomes hard to interpret. A range of trials is needed covering adopter self–help groups, family therapy–based approaches, play therapy and interventions to improve parent/child relationships. The cost of each evaluative study could range from £250,000 to £400,000.

8.3.2. Smaller-scale consumer oriented and policy implementation studies

Clearly adoption practice is currently in the process of, or aiming to achieve, major reform. Will all these initiatives bear fruit? These questions will need to be built in to further investigations of adoption practice. In the short term, with the introduction of National Adoption Standards and the new Adoption and Children Act, research funding needs to be made available to examine the consequences as changes are implemented. With the intended increase in volume of adoptions from care, government will need to know in the short term if placements are succeeding or disrupting early as more difficult children are moved into adoptive homes.

Research will need to be conducted on routinely collected data. It will be essential to have access to a purposive sampling base to allow for a range of questions such as this to be answered. This will involve the cooperation of all local authorities and will require much better data on children and their backgrounds than is available at present. However, it may not prove to be easy to demonstrate which improvements of all these differing aspects of setting up and supporting an adoptive placement make a measurable difference to placement progress and long-term outcome.

Policy implementation and consumer studies can be cross-sectional, questionnaire-based, established on a smaller scale and will be less time-consuming. For example, user feedback studies can be conducted using more qualitative methods (but still based on representative samples). Further examples of research might include investigations into the training of social workers and consequences for adoption practice, the newly proposed key worker roles, the operation of the new adoption legislation and attempts to adhere to timescales and to increase the numbers adopted. This can be achieved with smaller grants awarded for one or two years. Those studies that are consumer and practice related might best be conducted by university social work departments, perhaps in conjunction with adoption agencies involving a cost of around £30,000 to £50,0000 per study.

The planning of the longer-term prospective, longitudinal studies needs to be considered now to capitalise on all the activities generated by the government's adoption agenda. This can be followed by less expensive and less complex studies which have a shorter timeframe. Some initiatives may need to bed down for a few years before too rapid an evaluation is conducted. Good quality adoption research has potentially very significant implications for children who cannot remain with their birth parents. The more that practice is underpinned by secure research-based knowledge, the more the risk of disruption and unstable placements should be reduced, and the need should be diminished for continuing health and social care services for adopted children and adoptive families.

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Appendix 1: Reported disruption rates according to age at placement and length of study

Authors	Date	Age placed	Design	Length of study	Disruption Rate (%)
Kadushin	1971	6 years+	Retrospective	7 years	10
Trimitiere	1984	6-12 years	Retrospective	4 years	10
		2-18 years			13
Boyne	1984	6-8 years	Retrospective	Not known	15
		9-11 years			25
		12-17 years			47
Barth and Berry	1988	3 years+	Retrospective	4 years	10
Fratter et al	1991	'Older'	Retrospective	6 years	21
Borland – Lothian	1991a	Infancy+	Prospective	3 years	21
Borland – Strathclyde	1991b	Infancy+	Retrospective	3 years	43
Rushton et al	1988/95	5-9 years	Prospective	8 years	19
Holloway	1997	Infancy+	Retrospective	5 years	20
Quinton et al	1998	5-9 years	Prospective	1 year	5
Rushton et al	2001	5-11 years	Prospective	1 year	10
Rushton and Dance	In press	5-6 years	Prospective	6.5 years	6
		7-8 years			20-30
		9 years+			40-50

Appendix 2: Randomised controlled trials in intervention in foster care and adoption

Study	n	Participants	Intervention	Method	Outcome reported
Juffer et al (1997) Stams et al (2001)	90	Internationally adopted infants placed with inexperienced families before 5 months in Holland	Use of behaviourally focused intervention with video techniques to enhance maternal sensitive responsiveness (between 5 and 12 months)	Random allocation to: No intervention control (n=30) Personal book on sensitive parenting (n=30) Book plus video feedback session (n=30)	Significant main effect for book plus video on independent ratings of maternal sensitive responsiveness and secure mother–infant attachment 7-year follow-up showed enduring effects in mixed families (with biological and adoptive children)

Appendix 2: cont.../

Study	n	Participants	Intervention	Method	Outcome reported
Myeroff et al (1999)	23	Adoptive families requesting help at the Attachment Centre at Evergreen Children 5-14 years	Multi-modal attachment based intervention including holding therapy	Random allocation to: Treatment (n=12) no intervention (n=11)	Aggression and delinquency showed significant drop in CBCL[1] scores in treatment group. No change in controls
Clark et al (1994)	132	Children (7-15) in foster care at risk for emotional and behavioural disorders	Trained family specialist case managers recruited services mainly from existing social, health and educational provision	Random allocation to experimental (n=47) versus routine service (n=62)	Significantly greater improvement found in behavioural and emotional adjustment over an 18-month period in the experimental group

Appendix 2: cont.../

Study	n	Participants	Intervention	Method	Outcome reported
Minnis et al (2001)	182	182 foster children (5-16) and 121 foster families in Scotland	Group programme aimed to enhance understanding and relationships between foster parents and children Three days of didactic material followed by discussion	Random allocation to: group-based training programme for foster carers designed to improve communication skills and attachment (57 families, 76 children) Versus standard services (64 families, 106 children	No difference immediately after training At nine-month follow-up non-significant improvement in favour of the intervention group When comparing self esteem(MRS) [2], SDQ [3] and an attachment measure (RAD) [4]. Intervention well received by foster carers

Notes: [1] Child Behaviour Check List; [2] Modified Rosenberg Self-esteem Scale; [3] Strengths and Difficulties Questionnaire; [4] Reactive Attachment Disorder Scale.

Index

Services to children and families are never far from the public spotlight. Where children need to live in a new family, everyone has a view on how this should be provided. The Social Care Institute for Excellence (SCIE) commissioned this review of research on adoption at a time of intense debate, initiated by central government, about the key role played by adoption in providing good outcomes for children.

As part of SCIE's work in mapping the knowledge base for social care, the review summarises some of the main trends in research, and examines closely the view that 'adoption works' in the light of evidence about what works, for which children and families, with what kind of support.

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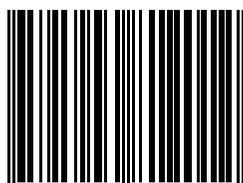
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