

# A Scoping and Scanning Review of Research on the Adoption of Children Placed from Public Care

ALAN RUSHTON

*Institute of Psychiatry, UK*

## ABSTRACT

**The aim of this review is to map the literature on the adoption of children from public care, to identify the extent of research-based knowledge and to note gaps in the evidence. 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 review covers research on the problem profiles of placed children and the challenges to new parents, matching and preparation, contact arrangements, medium and long-term outcomes and interventions with adoptions in difficulty. The article recommends that adoption research needs to be considered as an integral part of general research into placement choices for children. Looking to the future, the commissioning of large-scale studies is recommended to gain a life-long perspective on adoption, to identify predictors of outcome, the consequences of contact arrangements for all the parties, and the cost-effectiveness of different types of adoption support. Many smaller scale studies need to be commissioned to monitor the progress of the various policy initiatives and legislative changes designed to increase the use of adoption as a placement choice in the UK.**

## KEYWORDS

*adoption, effectiveness, outcomes, research review, support*

*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.*

(Ehrich, Freeman, Richards, Robinson, & Sheppard, 2002)

ALTHOUGH CONSIDERABLE UNCERTAINTY exists about 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 to be included and excluded. Given the limitations on word length, this article cannot attempt to be a comprehensive critical methodological review

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identifying all the contributors to adoption research and examining the merits of individual studies, but, instead, constitutes a broad enquiry into the state of knowledge of the field. 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.

This review is 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, or step-parent and international adoptions, or other family placements such as permanent fostering and guardianship. Furthermore, the review does not deal in detail with the specific needs of placed children who have unusual medical conditions, severe physical handicaps or serious learning difficulties, important as these are for the families concerned. The review does not deal with adults adopted as children, or their experience of searching for, or of reunion with, birth families, or those who may need mental health services. The review is mainly intended to provide a brief overview and update for practitioners and clinicians who are interested in the growing research base in adoption and in proposals for future research priorities.

### **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 (Performance and Innovation Unit [PIU], 2000). This drive has been welcomed in many quarters, and can be considered relatively uncontroversial 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 other forms of permanent care may be more suitable.

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ALAN RUSHTON, BA (HONS), PHD is a Senior Lecturer at the Institute of Psychiatry, King's College London and is Director of the MSc programme in Mental Health Social Work. Prior to that he worked for many years in both child and in adult mental health services in the UK and Canada. He has conducted research on a range of topics including adoption and fostering, child protection, vulnerable adults, post-qualifying training and social work intervention. His most recent publication, with Cheryl Dance, is *Adoption Support Services for Families in Difficulty* (British Agencies for Adoption and Fostering, 2002).

CONTACT: Alan Rushton, Section of Social Work and Social Care, Health Services Research Department, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, UK. E-mail: a.rushton@iop.kcl.ac.uk

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. Furthermore, to favour adoption, it is argued, may also turn alternatives like long-term foster care and residential care into second class options, although good quality placements of this kind may be the first choice for some children. In addition, 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.

In examining adoption policy, recent developments in comparing European and international attitudes and activities are proving instructive (Selwyn & Sturgess, 2001). Clear differences exist in the use of adoption as a placement choice. The UK and the US lead the world in non-relative adoption (3100 children were adopted from care at 31 March 2001 in the UK compared with 2700 in 1999/2000; Department of Health [DoH], 2002a, and 51,000 were placed in the US, far more than in any other country; Adoption and Foster Care Analysis Reporting System [AFCARS], 2002). Major differences of opinion and policies have been found to exist between countries (Warman & Roberts, 2002). Some countries take a strong 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, but favour family preservation policies, or placement with relatives but without adoption.

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 (DoH, 1998), and similar initiatives in Wales. The new Adoption and Children Act was published in November 2002 aligning adoption law with the Children Act 1989. The government's 'adoption and permanence project' has a number of elements: giving assistance and encouragement to local authorities to improve their performance (Adoption Taskforce); 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, DoH, 2001a); envisioning an expanded adoption support framework (DoH, 2003) and using the Beacon Council Scheme to disseminate good practice in adoption.

### **Assessments, matching and preparation of the adoptive applicants and children**

#### ***Assessment 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 (DoH, 2002b). Screening of prospective adopters must clearly exclude those who may pose a risk to children, or whose motivation is not child centred, or are in unstable or conflicted relationships. Beyond securing these essential safeguards, however, is the question of what is known about the family and personal characteristics of applicants to adopt that are associated with positive and negative outcome and therefore should be central to 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 devising parenting strategies. However, no evidence has been

gathered which demonstrates that possession of any of these characteristics independently predicts a successful placement. It is likely that a complex interaction of parent, child and contextual 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 (Dance, Rushton, & Quinton, 2002) showed that certain adoptive parent characteristics like '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 post placement (and to research effective means of heading off trouble). A research group at Coram Family/Great Ormond Street (Steele, Kaniuk, Hodges, Haworth, & Huss, 1999) is engaged in questioning whether the attachment style of the new carers is related to the child's growth of a fresh attachment.

### ***Assessment of the children***

Establishing 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 (1998) have given guidance on conducting detailed assessments of the history, cognitive, socio-emotional development and general well-being and mental health of 'looked after' children, and Quinton and Murray (2002) recently discussed the assessment of the emotional and behavioural development of children looked after away from home. Practitioners need a widely accepted, brief and easy to administer 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. Without this, it is hard to plan specialist interventions services. Not all problems may be detected by previous foster carers or they may not seek or signal the need for help. Such scales need to be better suited to capturing the problems of very abused children in transition to a new family. This should include the social characteristics of the child and 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. In addition to problem profiles, the child's 'readiness for placement' is a practitioner concept worthy of investigation. The means of conducting such an assessment needs 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.

### ***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 manage the child's difficulties, have realistic expectations, can demonstrate warmth and acceptance, and be committed to the continuance of the placement. However, a recent review of the evidence on matching (The Hadley Centre for Adoption and Foster Care Studies, 2002) concludes that research has yet to provide clear indicators of what constitutes a good match. It will always be difficult to predict, based on the characteristics of the child and family prior to placement, how relationships might develop subsequently. Adopters with seemingly ideal characteristics may not be able to sustain their good qualities in the face

of an especially difficult child and conversely a less promising match may develop in surprisingly positive ways.

One of the most contentious issues in matching the child or children to new parents has been 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 summarized and the research comprehensively reviewed in Rushton and Minnis (2000). They concluded that different race placements are not significantly related to breakdown. 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 family's community and 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 (2000) have shown that the majority of transracial placements they studied (that is a black 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 per se that is related to outcome and not some associated factor like pre-placement experience or level of difficulty. Research interest is now more likely to focus on samples of transracially placed children and their adult adjustment and identities (Howe & Feast, 2000).

### ***Preparation of the new family and the children to be placed***

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 have varied considerably, although more of a consensus may develop in future about a standard content and this should aid the task of evaluating their relevance and helpfulness (e.g. *Preparing to Adopt*, British Agencies for Adoption and Fostering [BAAF], 2002).

Although preparation of children, especially 'life story work', has been described and promoted by practitioners, studies are lacking on how this affects the child's development and placement subsequently. It also raises many unresolved therapeutic concerns like whether re-awakening child abusive experiences from the past serves to resolve or to re-enliven the ill effects. Rushton and colleagues (Rushton, Quinton, Dance, & Mayes, 1998) 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 and overactive in the sessions, 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.

### **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

(Bohman & Sigvardsson, 1990; Collishaw, Maughan, & Pickles, 1998; Fergusson, Lynskey, & Horwood, 1995). However, the consequences of adoption for very young children who were admitted to care following neglectful or abusive parenting is under-researched. 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.

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 (1996) conducted a research review on studies up to the middle 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' (Parker, Ridgway, & Davies, 1999) 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 (Rushton, 2000; Rushton & Minnis, 2002) highlighting the methodological issues in comparing outcomes and Cohen (2002) 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. Howe (1998a) 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. The main studies include Barth and Berry (1988), Fratter, Rowe, Sapsford, and Thoburn (1991), Borland, O'Hara, and Triseliotis (1991a, 1991b), Holloway (1997), Quinton, Rushton, Dance, and Mayes (1998), and Rushton and Dance (in press). Briefly, these have shown largely similar disruption rates of about 20% with a range between 10 and 50% depending on the composition of the sample and rising with age of placement. 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' (PIU, 2000). However, the picture is much less positive for adolescents and the full story is more complex.

### ***Meaningful measurement of outcome***

Adoption researchers agree that measuring outcome is a challenging proposition and is probably becoming more problematic as multiple indicator approaches are being developed (Howe, 1998b; Minty, 2000; Parker, 1998). 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 (Rushton, 1998). More detailed assessments are now being made of the well-being and functioning of the children across all domains (Simmel, Brooks, Barth, & Hinshaw, 2001), 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 problems in continuing placements (Groze, 1996). As research teams try to measure outcomes for a variety of placement choices and are devising more useful classifications than simply disruption or survival, this is likely to lead to the production of differing outcome groupings, 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 comprehensive assessments of the well-being of the placed children.

### ***The importance of longitudinal research designs***

Only rarely in the UK is a new adoption follow-up study initiated. Selwyn, Sturgess, Baxter, and Quinton (2003) are currently engaged in study of children placed for adoption between 3 and 8 years and followed up employing parental interviews. 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.

Many important questions remain about the adoption of certain groups: for example, children who are being placed younger and with fewer placement changes, but nevertheless with behavioural problems associated with mothers who were substance abusers during pregnancy and who had poor quality relationships in early infancy. This is a relatively new concern and illustrates a research problem: that studies set up some time ago did not choose to gather systematically this kind of prenatal information.

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. Longer term prospective follow-ups are lacking that track samples into adolescence, early adulthood and beyond. Lack of detailed outcome data on placements made in the current service context hampers the assessment of adoption policy.

### ***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 (Berridge & Cleaver, 1987; Kelly, 1995; Parker, 1966; Rowe, Hundleby, & Garnett, 1989). 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 (Rushton, Dance, & Quinton, 2000; Rushton, Treseder, & Quinton, 1995).

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 (Schofield, Beek, Sargent, & Thoburn, 2000). 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.

However, comparisons between adoption and fostering outcomes are complicated by the fact that populations taking these different routes may be different in other significant ways, not just in age, but in background and abuse histories (see Triseliotis, 2002). 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 (1997). Furthermore, outcomes need to be judged against what might have happened to these vulnerable children had they not been adopted.

Clearly, more is known about the consequences of placement decisions than was true 40 years ago. 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 remains probabilistic not deterministic.

### **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 categorization, most studies confirm that the factors associated with placement instability are older age at placement (Sharma, McGue, & Benson, 1995), the child’s adverse experiences in previous environments (Barth & Berry, 1988; Fratter et al., 1991; Howe, 1997), the level of psychosocial problems exhibited by the placed child (Quinton et al., 1998), and the placement of a child in an established family with a resident child of similar age (Parker, 1966). In many cases, of course, these risks act cumulatively. However, it is worth noting that research has not shown that the sex, race or physical disability of the adopted child is associated with greater risk.

Beyond these basic findings, the meaning of other associations with risk becomes harder to unravel. For example, children placed together in sibling 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 singly placed children are different in important ways from children placed together (Rushton, Dance, Quinton, & Mayes, 2001).

An important field of study of great relevance to adoption is the growing research both on prenatal and early experience, and on child maltreatment and its consequences, for all aspects of development and especially attachment (Knutson, 1995; MacMillan & Munn, 2001). 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 what placement decisions were taken following the abuse and who are the current carers of the child from whom information is being obtained. However, adoption research increases our understanding of *developmental recovery* following adversity or trauma, and how *fresh attachments* are made with strangers.

### **Common problems in children placed for adoption**

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 (Rushton & Dance, in press). Indeed Brand and Brinich (1999)



have shown that the difference in behaviour problems in adopted compared with non-adopted children are accounted for by a small proportion of children with a high level of problems.

### ***Behavioural and emotional problems***

Common behavioural problems in samples of late adopted children include non-compliance, aggression, overactivity, lying and stealing, and common emotional problems include anxiety and fearfulness (Quinton et al., 1998). 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 (Rushton et al., 2001). Longitudinal research gives answers as to which problems are likely to persist for adopted children over time (e.g. overactivity) and which are more likely to attenuate (e.g. temper tantrums). This information is vital in shaping effective interventions with parents and with children to reduce the level of problems.

### ***Relationship problems***

Although most children, even those 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 (Howe, 1998a, 1998b) 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 upon prematurely.

### ***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. These children will mostly carry their learning problems into their adoptive placements and schools and new parents may have to cope with lack of basic skills, slow educational progress, communication and concentration problems, and to have to negotiate with schools over reports of difficult behaviour and poor relationships with peers and teachers. New parents may have to battle with the education system over obtaining psychological assessments, over appropriate school placements, finding socially inclusive schools and educational help and advice. In an early study of late placements (Rushton, Treseder, & Quinton, 1988) 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 will need to 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 sometimes led 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 studies, many of which were methodologically weak (Quinton, Rushton, Dance, & Mayes, 1997). Since the Quinton et al. critical reviews and the robust academic exchanges which followed (Ryburn, 1998; Quinton, Selwyn, Rushton, & Dance, 1999), 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 which would examine the short- and long-term effects on the children, and the involved parties, of clearly identified types of contact arrangement. Some studies have been set up in the US (see whole issue of *Child Welfare*, 1996) although the best follow-up study (Grotevant & McRoy, 1998) was based on relinquished babies and not children placed from care who would mostly have histories of parental abuse and/or neglect. Berry, Cavazos Dylla, Barth, and Needell (1998) have provided questionnaire-based data showing no difference in the level of behavioural problems according to whether children have contact, however, they did not subdivide the in-contact group according to the type of contact. A recent UK study focused on children placed at a relatively young age (Neil, 2002). 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 per se while accounting for the many potentially confounding variables. It would require examining prospectively a representative sample, not just those cases currently known to an agency to be in contact. 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 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. Such studies could identify not just single point outcomes, but also 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, ceased abruptly, ended in disagreement, or tailed off. Furthermore, it could be established if there were points in time when contact became easier or more fraught, or ceased but then was 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 (Thomas & Beckford, 1999), as is the voice of children who are not in contact with their 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 (Logan, 1999), the feelings and relationships of all the parties involved in face-to-face contact, and what helps and what are obstacles to successful contact

(Logan & Smith, 1999); the day-to-day impact on families of contact and ways of providing effective support (Mackaskill, 2002) and with case-based analyses of decision making and the attitudes of professionals (Harris & Lindsey, 2002; Neil, 2002). 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 (see Fratter, 1996).

These studies of the *impact* of contact suggest that it can be comfortably accommodated by adoptive families 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. However, as stated previously, 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 evaluation of interventions**

#### ***The views of service users***

Rushton and Dance (2002), in their review of the adoption support literature, concluded that family social worker support post placement, but *pre-adoption*, 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. 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 (e.g. Lowe et al., 1999; Phillips, 1988; Rushton, Quinton, & Treseder, 1993). Adopters are often concerned that they will be blamed for the continuing problems in their children; they may feel a failure; but they may also be perturbed at professionals' lack of recognition of the extent of parenting challenges they face. The survey conducted of current services in the UK showed that the relevant mainstream services in health and education have not as yet responded effectively to adoptive families. Gaining access to specialist services remains difficult, except for families in a small number of central city locations or areas in which there happens to be specific provision. Families often wait too long before requesting help, by which time they would be likely to need a particularly sensitive and expert service, but too often face yet another wait before receiving it.

Numerous gaps exist in the literature on consumers' perspectives on 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 (1999) have carried out pioneering research into the young people's views. Only recently has the experience of birth fathers been investigated (Clapton, 2001). 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 and not only those who are researched 'by convenience' because they seek help. Filling the gaps in service user

research will increase the prospect of adoption services being much more carefully tailored than in the past.

### **The clinical framework**

This section is concerned with the professional task of advising and intervening with adoptive families in difficulty. As is clear from the preceding review, a more complex model of development and pathology has emerged in the light of new research findings. The previously dominant psychological and environmentalist model has had to accommodate more recent findings about prenatal influences, the effects of negative experiences on neurodevelopment processes and the fact that outcomes are likely to be the result of complex biopsychosocial interactions. Adoptive parents need to be given the best quality information available which should be helpful in reducing any bewilderment, impatience or dashed expectations the new parents might be experiencing. However, a single, simple explanation of problems is rarely possible and in many cases the research evidence is lacking to provide definitive answers.

At this stage, interventions to help adoptions in difficulty are very much practitioner led. Many approaches are being tried although few have been independently evaluated as to their effectiveness. Agencies responsible for general adoption support have initiated group work for adopters, and also for adopted children; parenting skills training and information-giving programmes. More specialist treatment-oriented agencies have been developing a range of approaches such as parenting interventions (Adoption UK, 2000; Gordon, 1999), direct work with individual children, e.g. cognitive-behavioural therapy (Roberts, 1996), play therapy (Booth & Koller, 1998; Jernberg, 1993), psycho-analytic child psychotherapy (Hodges, 1984), programmes designed to promote attachment (Archer, 2003; Howe & Fearnley, 1999) and interventions stressing parental participation (Hughes, 1997). In addition, interventions from pharmacological treatment to creative art therapies may also be offered.

More radical approaches like holding therapy (Cline, 1992) are being practised although with voices raised about the justification of this intervention and ethical concerns. A central debate is whether, as some therapists claim, traditional approaches are ineffective with severe attachment-related problems. However, the assertion that intervention needs to be accompanied by the expression of repressed emotion and perhaps physical contact in order for change to occur is hotly contested. The effects of early trauma on the development of disordered attachment are attracting a great deal of attention at present, although other types of adversity, like chronic exposure to negative parenting, may also be a key feature of late placed adoptions. Barth and Miller (2000) have called attention to the broad range of methods of intervention that are being practised which have little empirical support and they call for the adaptation of existing therapeutic methods which have proven effectiveness.

### ***The effectiveness of adoption support and intervention***

Questions about effectiveness are most securely settled by use of randomized controlled trials (RCTs) in which the effects of the intervention per se 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, but 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 examples are available to consult. Studies by Clark et al. (1994), Juffer, Hoksbergen, Riksen-Walraven, and Kohnstamm (1997), Minnis and Divine (2001) and Myeroff, Mertlich, and Gross (1999), have all used RCT methodology

but none has been specifically concerned with children adopted from care. One study is currently being conducted to evaluate the effectiveness of additional specialist interventions for adoptions in difficulty compared with standard post-placement adoption services alone (Rushton & Monck, 2003). Over the years many more trials need to be set up to compare different interventions to support placements in difficulty, 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, the mediators of outcomes and the processes of change need to be better understood. The accumulation of findings of this kind promises to contribute a great deal to practice-relevant knowledge, while the lack of such knowledge may allow for a proliferation of interventions, many of which may be of little value or, indeed, may be harmful.

### **Needs and priorities for adoption research**

Interview-based prospective studies, which are likely to be the best method for understanding the complexity of adoption outcomes, are usually based on relatively small data sets and so the statistical support for findings can be weak or important associations may remain undetected. Furthermore, small samples can produce sample-specific results, i.e. they may contain more children with disability, or low-income adopters, or more experienced parents and then the results can only be applied in relation to the research sample characteristics. Case file research can produce much larger numbers, but it is harder to know what processes underlie the statistical associations that may be revealed.

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's development, 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, also they do not have advocate organizations as adopters do, and there may be a reluctance to expose their level of need for support services. Recent practice articles, however, do show a growing interest in providing services for birth families (e.g. Harris & Whyte, 1999; Jackson, 2000).

Looking to the future of adoption research in relation to the topics that have been covered, two broad groupings of potentially useful studies will be proposed: large-scale, complex scientific studies and smaller scale, consumer-oriented and policy implementation studies.

A large-scale follow-up study needs to be commissioned, with state or private funding, that allows for comparisons across placement types, but is capable of accounting for differences in selection into the samples. This needs to be a nationally representative cohort of children currently being placed in the context of contemporary levels of preparation and support services. 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 are the consequences for all the parties involved, and what factors are associated with variations in outcome. New research needs to be multidisciplinary and especially to include in the research team neuro-developmentalists and health economists. Such a study should be in a position to assess 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.

Adoption support services are crucial for reducing the children's problems and responding to the adoptive parents' stresses and unmatched expectations. They, therefore, deserve to be rigorously evaluated. Examining the effects of preparation and training can be fairly short-term, while more specialist intervention studies using randomized controlled trials are more ambitious but are essential in order to answer 'what works' questions. A range of trials is needed covering such initiatives as adopter self-help groups, family therapy-based approaches, play therapy, anger management groups for children and interventions to improve parent-child relationships.

Clearly, adoption practice is currently in the process of, or aiming to achieve, major reform. Will all these initiatives bear fruit? 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 as soon as possible 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.

Good quality adoption research has potentially very significant implications for children who cannot remain with their birth families. The more that practice is underpinned by secure research-based knowledge, the more the risk of placement disruption should be reduced, and the need for continuing mental health and social care services diminished.

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