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The adoption of looked after maltreated children in England: challenges, opportunities and outcomes

This keynote focuses on adoption as an intervention for young children in care who typically have been maltreated and are unable to return safely to their birth families. Over the last five years, adoption services in England have been reformed and agencies have experienced a period of rapid change. The reforms have brought professional challenges, anxiety and concerns about the speed and content of the reforms, but also opportunities to re-think how adoption services should be delivered in the 21st century. Before looking at the reforms, the context of adoption in England will be set out, as well as the reasons why adoption is the preferred option, when there are no suitable relatives able to care for the child.

Children in care in England and permanence planning

In England about 69,540 children were in care at 31st March 2015 (Department for Education, 2015). Unlike Australia, few of these children were placed with kinship carers: only 11% were placed with an approved foster care who was a relative or friend of the family. More children are living with kinship carers under a special guardianship order but once the order is made children are no longer deemed to be in care. Consequently, most (approx. 64%) children in care are living with unrelated foster carers. Foster carers are professionals who are approved and registered with an agency and who receive a fee on the basis of being self-employed.

The care system is obviously intended to provide safety for children but needs to do much more besides. One of the aims is to ensure that every child is connected to a trusted adult and permanency planning is the framework for all social work practice. Statutory guidance on permanence planning defines the social work task as:

“... to ensure that children have a secure, stable, and loving family to support them throughout childhood and beyond and to give them a sense of security, continuity, commitment, identity, and belonging.” (The Care Planning Regulations, 2015, p 22).

From the initial contact with a family, social workers should be trying to ensure permanence for a child. First, by ensuring that children should be supported to remain in their birth families but if unsafe to do so, to be placed with a relative or family friend, if that is in the child's best interests. A permanence plan must be in place no later than four months after entering care. If the child remains in care, the plan should be reviewed three months later and then subsequently every six months. Every review is chaired by an Independent Reviewing Officer (IRO), who is an experienced social worker. Their role is to have oversight of the care plan and to act on the child's behalf by being able to challenge the Local Authority if the plan has not been acted upon. The IRO should ensure that children do not drift in care without action to secure a permanent placement. In addition, many Local Authorities have permanency panels which scrutinise the plans of all the children in their care to ensure there are no unnecessary delays. Research shows that the sooner children can be placed into their permanent placement the better (Selwyn et al., 2006; Sinclair et al., 2007). Adoption is usually planned for young children who are unable to return home and where there is no suitable kinship carer. Adoption is preferred for young children rather than foster care because of the substantial evidence that adoption provides a loving family to support through childhood *and beyond*.

There are three key reasons why adoption is preferred to growing up in foster care: greater stability, sense of belonging and permanence.

Stable relationships

Adoptive placements are the most stable of all types of placement irrespective of age at placement. A study (Selwyn et al., 2015) examining 37,000 adoptions over a 12 year period found that the cumulative proportion of adoption breakdowns (disruptions) after the order had been made was only 3.2%. Disruptions were statistically associated with: being older at entry to care, experiencing moves in foster care, being placed for adoption over the age of four years old, the adoption order not being sought within a year but the biggest risk of disruption was being a teenager. The most frequent age at which adoption disrupted was 13-14 years old. These findings were a challenge to social work practice. The stability of adoption surprised some children's social workers whose only experience of adoption was of receiving calls for help from adoptive families in difficulty – forgetting that the majority of adoptive families were not on their caseloads. Although no-one was surprised that the teenage years were the most difficult, this knowledge had not been translated into support services. Most adoption support services were concentrated on the first year after placement. Whilst early support is important and can be preventative, the study highlighted how there was a need for services to help adoptive parents during the teenage years and for adopted young people themselves.

Placements in foster care are far less secure. In England, one in four children have two or more placement moves every year (Department for Education, 2015). As well as the moves recorded in the government's statistical return, foster children have many more moves that are not required to be recorded. Placements are changed on a temporary basis as foster carers go on holiday or ask for respite. Consequently, children experience many moves. Even infants can experience many carers. Dearden and colleagues' study (2006) of 42 babies who entered care at or shortly after birth found that after two years between them they had experienced 143 placements.

Placement moves, planned or not, can have a very detrimental effect on children. US research (Newton et al., 2000; Rubin 2004, 2007) has shown that, after controlling for background factors or when children enter care with no discernible mental health problems, placement moves are associated with the development of emotional and behavioural difficulties. It is not surprising that moves can be so damaging. Children crave stability and moves create stress, which if not supported by trusting relationships can result in children's development being negatively affected (Centre for the Developing Child, 2016). Resilience research (e.g. Masten, 2014) has highlighted that the principle factor that helps children recover after adverse experiences is the presence of a key trusted adult. For children in care, such an adult is often missing, not only do they lose their foster carer at the time of the move but often their social worker has changed too.

It is hard for the state to be a good parent when social work turnover is high. In England a recent survey (Selwyn, 2016) of 312 young people (11-18 years) found that over a third had had three or more social workers in the previous year. The lack of trusted adult is difficult for very young children who need an adult, as they lack the cognitive capacity to make sense of what is happening. Research (Blueprint project, 2005) has also shown that children are often unprepared and do not understand why placement moves are happening. Children experience many losses: they lose their carers and their carer's family (other children in placement and pets), a familiar environment and their sense of place. They lose their possessions (which can go missing in the move) and sometimes moves result in a change of school and loss of friendship groups. As well as losing their primary carers children also lose the adult who is holding the memories of their childhood: the little anecdotes that all parents hold of their children and that become part of the family folklore. Photos of childhood are also lost. Children in foster care often lack the foundations that support the development of self-esteem and identity. Even when foster placements are stable, children do not always feel secure, as they know they can be moved. Most adopted children do not have these concerns.

Sense of belonging

Research has shown that adopted children are more securely attached and have a greater sense of belonging in their adoptive families than children in foster care (Triseliotis 2002; Selwyn & Quinton, 2006; Van der Dries et al., 2009). The sense of belonging is probably related to children knowing that they will not be moving but also perhaps to feeling that they no longer have to cope with the stigma of being in care. Negative labelling and stigma are reported by many children in care (Ofsted, 2009; Holland et al., 2010). For example, children report that assumptions are made that they are either trouble makers or need people's sympathy. Children often say they dislike others knowing about their care status although adults sometimes draw attention by for example, holding review meetings at school or social workers taking children out wearing their identifying security lanyards for all to see.

Feelings of belonging are also reinforced by adoptive parents acting as parents rather than as carers. Foster carers report (e.g. Fostering Network, 2014) being unsure of their role and having a lack of clarity on the boundaries between their role and that of the social worker. Carers are unsure if they should be for example arguing on behalf of the child for resources to help with education or how physically intimate they can be. In contrast, many adoptive parents describe going into battle for their children and have no qualms about being affectionate with their child (Donovan, 2013).

It is the experience of ordinary family life that becomes extraordinary in its capacity to heal. I recently listened to a reading by Lemn Sisey (a poet who had spent his childhood in care) and was struck by his description of 'the power of suggestion'. He described ordinary family life where everyday discussions are held about what the future might bring. Discussions could be as simple as, 'Where shall we go on holiday?' Or suggestions about future careers, 'Perhaps you'll be a doctor, a teacher, an artist? During his childhood he had never experienced those conversations: in his view because the carers knew that as a foster child he would not be part of their holidays or their future but also because children in care were not expected to achieve. Thankfully, in England there has been a concerted effort to improve the educational gap and raise the educational aspirations for children in care (Sebba et al 2015) but children in care continue to lack a vision of their possible futures.

Permanence

One of the largest differences between adoption and foster care is what happens to the young person during the transition to adulthood. Adoptive parents make a life-long commitment and will expect to become grandparents and support their adopted child when they become a parent. Nearly half of 20-24 year olds in the general population and one in of those aged 25-29 years still live at home (Office for National Statistics, 2016). In comparison many foster children make an accelerated transition to adulthood often unsupported and lonely. In 2015, only 3% of previously fostered 20 year olds and 2% of 21 year olds were living with former foster carers (Department for Education 2015). Young people, without the support of parents or carers, can easily become homeless, poor, and known to the criminal justice system (Staines, 2016).

There is masses of evidence worldwide that adoption aids children's development recovery and can be protective for children (e.g. Van IJzendoorn & Juffer, 2006; Vinnerljung & Hjern, 2011) However despite the evidence and the legislation on permanency planning, in 2010-11 there were about 4,770 children waiting for an adoptive family in England. Most of the children had been waiting for more than two years. Even infants (under the age of 4 months at entry) waited a long time with 21 months the average time from entry to care to placement. There were delays at every point in the process. One of the principle causes of delay was a lack of adopters but prospective adopters too were complaining about delays and the adoption process. They complained that calls to agencies asking to be assessed as an adopter were ignored, or they were told adoptive parents were not required. If

assessments began some were taking more than two years and many prospective adopters were withdrawing. The system was not working well. The reforms were intended to get children into their adoptive placement as quickly as possible, reduce delay, provide appropriate support and place the child and the voice of adopters at the heart of decision-making (Department for Education, 2016).

Adoption reforms in England

The focus of the reforms has been on finding adoptive families for children with an adoption plan and aged 0-5 years old. The reforms, which are still in progress, have presented many challenges to adoption practice but have also opened up opportunities and resulted in innovation.

There have been four key challenges:

- 1) Understanding the complex needs of children who need an adoptive family
- 2) Finding more adults who are willing to become 'therapeutic parents' to children
- 3) Avoiding delays
- 4) Providing personalised support, as there is no longer a typical adopted child or a typical adoptive family
- 5) Improving all the adoption processes in a time of austerity and cuts in services.

Complex needs of adopted children

The children who go on to be adopted are *more likely* to have entered care because of abuse and neglect in comparison with children who remain in care (Selwyn et al., 2015). The risks to their healthy development start pre-birth. There are no national statistics but research samples indicate that 40-60% of adopted children have been born to mothers who misused drugs and/or alcohol during pregnancy (Selwyn et al., 2010, ASPE, 2011). The detrimental effects on children of binge drinking are well established but more recent evidence (Nygaard et al., 2015) on substance misuse during pregnancy has shown the elevated risks to the child of developing ADHD and anxiety. Greater risk of ADHD, anxiety and lower IQ is also linked with chronic maternal stress (e.g. domestic violence) during pregnancy (e.g. Talge et al., 2007). Many adopted children are born of low birthweight- a risk factor to healthy development in its own right.

In addition to the pre-birth environment, most (71%) adopted children are abused and/or neglected before they enter care. Neglect is the most frequently reported with active rejection/abandonment for about 35% and sexual abuse occurring for about 20% (Dance & Rushton 2005; Selwyn et al., 2006; 2010). The long term effects of maltreatment are well known (e.g. Jaffe & Christian 2014) but effects vary widely depending on a range of factors. Recent research (Selwyn et al., 2015; Green et al., 2016) has found elevated rates of autism in samples of adopted children. Separation from the birth family can be traumatic for the child and multiple moves in care (average moves before placement for adoption is three) adds to the stress children experience. Blaustein and Kiniburgh (2010) set out four areas of functioning that can be challenged by the experience of loss, trauma and maltreatment.

These are:

- Intrapersonal competencies (e.g. sense of self)
- Interpersonal competencies (e.g., capacity to form and engage in healthy relationships with others)
- Regulatory competencies (e.g., capacity to regulate and modulate emotional and physiological experience)
- Neuro-cognitive competencies (e.g., controlling and focusing attention; inhibiting impulsive behaviors)

The following quotes taken from interviews with adoptive parents (Selwyn et al., 2015) illustrate how children's development had been adversely affected:

He just took it that people come and go, we didn't have any relevance. [After 3mths] my cousin asked him to tea. When he returned, he asked me to pack up his belongings and said that he wanted to go and live with her. But he said, "You don't need to be upset because they will fetch you a new little boy."

He was insecure and angry ..and he attacked me a lot, broke things around the house.... He ... tried to set fire to the house a few times

Saul always used to say "I'm bad, I'm a bad boy me"...

She took somebody's glasses out of lost property and wore them for a while and the teachers didn't notice. She would wear somebody else's shoes. You could open her drawer at school and there would be lots of other children's pencils and pens.

He would have these absolutely horrendous grooves in his nails .. he was damaging the nail bed to cause these grooves, but obviously that's his pain, he was wanting to inflict pain on himself.

Evidence from research samples of children adopted out of care highlight the often extreme maltreatment that the children suffered before entry to care. The overlapping nature of difficulties and the sheer diversity of difficulties and disorders presents many challenges in deciding on the most effective interventions and the best ways to support adoptive parents. However, it would be incorrect to assume that all the children are 'damaged' in some way or need therapy. Each child responds differently to events and we cannot predict with any certainty which children will be resilient and how children will respond to an adoptive environment (McCrory & Viding, 2015). Therefore adoptive parents are sought who can cope with uncertainty, who are willing to work openly with the adoption agency, who are able to distance themselves from children's behaviour and not see it as a personal attack, be flexible, who will be open about adoption and supportive of contact (Quinton, 2012). In short, adoptive parents are needed who can become, with good preparation and support, therapeutic parents.

Recruiting more adoptive parents

With the rise in the number of children waiting to be adopted, a challenge has been to recruit enough adoptive parents who can meet the needs of children. In the past, many social workers had in their mind's eye the ideal kind of family they were hoping to find. Often this ideal family was a two parent family, living in a nice house with garden. Research findings (e.g. Parke, 2013) challenged this view of the 'ideal family' and instead found that children were much more affected by the *quality of parenting* than by the type of family they were raised in. Contrary to commonly held stereotypes, gay and lesbian parents show the same capacity, sensitivity, and commitment in raising children as do their heterosexual counterparts (e.g. Lamb, 2012). Furthermore, their children (biological and adopted) fare equally well as peers growing up in heterosexual households in terms of psychological, social, emotional, behavioral, and academic adjustment (Farr & Patterson, 2013; Brodzinsky & Pertman, 2012). Adoption is often the first option for gay/lesbian couples, who are able through adoption to become equal parents , as neither parent has a genetic relationship to the child. (Jennings et al., 2014)

The opportunity to become adoptive parents has therefore widened to include all types of parents: single parents, those with a disability, older parents. National statistics (Department for Education, 2015) show that about 8% of children were placed with gay or lesbian

adoptive parents in 2014 and that the proportion is growing (<http://www.newfamilysocial.org.uk/resources/research/statistics/>).

Yet public misconceptions still remain. A recent survey (Coram, 2016) found that many of the public think that adoption is only possible for married heterosexual young couples. The public also thought that the main reason children were placed for adoption was because of being orphaned: a situation that applies to less than 1% of all adoptions. So, there is still much to do to improve the public's knowledge.

Reforms to improve the recruitment and preparation of adoptive parents have been successful in increasing the number of approved adopters. To improve the coordination and effectiveness of recruitment activity a new agency was established in 2013- First4adoption (<http://www.first4adoption.org.uk/professionals/national-recruitment-forum/>). The agency provides a telephone helpline for prospective adopters and has developed recruitment material for any agency to use and Elearning modules for prospective adopters. Market research (Bange et al., 2014) has been undertaken to better understand the motivations of prospective adoptive parents. Greater understanding has helped agencies develop targeted recruitment material, improve their website content and tap into the triggers and nudges that move people from interest to becoming adoptive parents.

A key innovation of the adoption reforms has been giving more control to adoptive parents. Prospective adopters are encouraged to educate themselves about the care system and the needs of children waiting to be placed and to be more involved in placement decision-making. The process to become an adoptive parent is now in two stages lasting about six months. Prospective adopters spend two months learning about adoption and the needs of the waiting children (using Elearning and other materials) followed by four months of preparation groups and visits by the social worker to complete their assessment. References are taken up, medicals completed and police checks are also undertaken. The home study has shifted from a 'screening out' of individuals to a 'screening in'.

Previously, it was social workers who drove decisions around which adopters to choose for a child. Approved adopters now take a much more active role being able to see details of waiting children online and there has been a significant growth in the use of adopter-led matching through Adoption Activity Days. These are events where children can have fun, adopters can meet and play with children and the 'chemistry' allowed to happen. Children are finding families where none had previously come forward: 300 children found a family in through Activity days in 2014-5. Adopters say that they get a very different impression of a child compared to reading a child's profile on a form. Matches do happen that would not have been predicted or planned by social workers (CoramBAAF 2013).

Avoiding delay

For every year of delay the chances of being adopted reduce by 20% (Selwyn et al., 2006). Delays are caused by many factors and can occur at every stage of social work involvement (Brown & Ward, 2011). Once a child is in care, it is easy for overworked children's social workers to be focused on the next child protection case, rather than the permanence needs of a child 'safe' in care. Parents may not want children home but neither do they want adoption and their influence can limit the choices for the child. Parental capacity to change within the child's timeframe can be poorly assessed. The role of the social worker in timely decision-making is crucial. Delays are sometimes caused by social workers who lack knowledge or who are pessimistic about finding a family for a child. Pessimism is associated with reduced family finding activity (Avery REF ; Selwyn et al., 2010). Professional disagreements about whether adoption is the right plan, the separation or not of siblings and the content of the contact plan can also lead to delays.

The detrimental impact of delay has also been recognised by the judiciary. The Family Justice Review (2011) set up prior to the adoption reforms aimed to reduce court delays, as some cases were taking two or more years to be resolved. Established has been a single family court with all levels of judges sitting in the same building; continuity of judge and cases completed within 26 weeks for all but the exceptional cases. The single family court can make all adoption related decisions. At the same time as making a care order, instead of, or at a later point the court can make a placement order. This gives the local authority the legal authority to place a child for adoption with *any* prospective adopters who may be chosen by the authority. The adoptive parents do not have to be already selected.

Early permanence has also been encouraged through the use of concurrent planning and fostering to adopt placements. In both types of placement, children are placed with the adults who could become their adoptive parents. The benefits are that the child will be adopted by the carers they have been growing up with and there will be no moves in foster care. It is the adults who carry the risk, as the courts have not made a decision and therefore there is the risk that the child will be removed. Since the reforms there has been a small growth in such placements but carers have to be well prepared and supported.

Support

Several decades ago, there was great optimism that any child could be placed for adoption and that a favourable family environment would compensate and undo any early disadvantage. Since then, as a result of research, practice experience, and the voices of adoptive families it is now recognised that 'love is not enough' and that the effects of maltreatment and trauma can endure across the life span (<https://www.cdc.gov/violenceprevention/cestudy/>). At some point in the adoption life cycle most adoptive families will require and benefit from services (Hartinger-Saunders & Trouteaud, 2015).

Prior to the reforms, many adopters complained that they were afraid to ask for help. The quality and availability of services differed markedly across the country and access to services required high thresholds that adopted children did not meet. Many agencies had only a few support services that were time limited.

With growing awareness of the complex and overlapping needs of children, agencies have begun to develop a wider range of support services. Efforts to provide specialist and personalised services have been supported by the government's Innovation Fund, which has provided grants for agencies to try out new ways of working (<http://springconsortium.com/evidence-learning/how-projects-are-being-evaluated/>).

Government has legislated to ensure that adopted children are entitled to the same support in education as children in care and that adoptive parents have the same rights to maternity and paternity pay/leave as other parents in the community. Practice has become more trauma informed with the adoption support fund (<http://www.adoption-supportfund.co.uk/>) created to enable access to therapeutic services. In the first 18 months £23 million has been allocated with 4,500 children receiving support from the fund with an average spend of £5,000 per child. However, the growth in support has not included any increased spending on support for birth parents. Support services that have developed have been created by individual local authorities (e.g. PAUSE) rather than by the government thus creating a feeling that birth parents have been forgotten in the reforms.

As well as professionals innovating, the influence of adoptive parents on the content and delivery of adoption services has increased in importance. Parents are involved at all levels: sitting on government expert working groups, responding to consultations and co-working with professionals on preparation groups. Adoption UK (www.adoptionuk.org.uk), set up by

adoptive parents and run by adoptive parents) has a major influence on policy and practice development. A more recent development, currently being evaluated has seen adoptive parents *lead* on the delivery of a support service (<http://theadoptionssocial.com/blogless-blogging/an-interview-with-co-founder-of-the-cornerstone-partnership/>).

Have the reforms been effective?

There has been a rise in the number of children being adopted up from 3,100 in 2011 to 5,330 in 2015. But there has been a backlash against the use of adoption. The speed of adoption reforms has led some to question whether adoption is being promoted at the expense of the vast majority of children in the care system. There are others in social work who see the emphasis on adoption as an attack on poor families. They point to cuts in family support and the growth in child poverty, as fuelling the numbers of children entering the care system. The judiciary too have expressed concern at the quality of some of the social work assessments that recommend adoption and have emphasised that social workers must make a balanced evidence based judgement and there can be no short cuts (Re B-S (Children) [2013] EWCA Civ 1146). Consequently, there has been a loss of confidence and greater caution amongst social workers and a large drop (about 50%) in the number of children placed for adoption this year.

Delays have improved a little. The average time from entry to care to placement has reduced from 22 months to 18 months: still a long time in the life of a young child. Older children, boys and sibling groups wait longer (21 months). There are still about 2,000 children waiting for a family at a time when there are *more* approved adopters than ever before. So the question remains: Is there something in the system that is not working to match waiting children with available adopters? Are adopters being approved who cannot meet the needs of the waiting children? It seems remarkable that in a population of 40 million adults we can't find 2,000 to care for the waiting children.

The reforms have seen positive attitudinal changes to gay/lesbian adoptive parents and to adopters who need help and support. Today, there is far less chance that a parent will feel shame and blame if they ask for help. One of the important but underrated successes has been the use made of good quality data to drive decision-making. For the first time managers have had access to their own data, in a form they can use and see how their performance compares to other areas.

Many challenges remain. Nationally, workforce retention has not improved and there is much still to do in this respect. A post qualification permanency training module is being developed, which should help to embed the concepts and importance of permanency in the organisation. There are structural changes occurring with regional delivery of services and greater partnership working between government agencies and the charity sector, thus enabling 'best practice' models to be shared.

Adoption's chequered history of poor practice continues to influence opinions of whether adoption should be used. The harm of impermanence is not considered in the debates neither is there a recognition that children with an adoption plan tend to be the most abused children in the system. The evidence base is not thoroughly embedded in agencies. For many young children, unable to live with their birth relatives, all the evidence shows that adoption is their best chance for developmental recovery and usually provides a family for life. In our recent study of adoptions that had disrupted or were very challenging (Selwyn et al., 2015) a young adopted person commenting on the life-long nature of adoption said

It's such a positive thing to be adopted rather than be in care ... even if someone is a little bit older, like I was. It's been such a positive thing that I was adopted rather than just carried on being in care my whole life. It's better to have a stable family than be in care and seeing your mum every now and again ... I've had both experiences and I just think adoption is a good.

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