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 **Adoption
England**

regional adoption agencies working together

Exploring outcomes relating to adoption

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Introduction

Adoption is an important permanence option for children who are unable to remain in the care of their family. Children in adoptive families often experience better outcomes (health, education, well-being) than those in alternative placements. Yet the number of adoption orders made has steadily declined over the past few years, from 5,360 in 2015 to 2,950 in 2022 (Department for Education (DfE), 2022). This decline stands in contrast to the record number of children currently in care; around 83,000 in England. Regional and voluntary adoption agencies believe that sometimes adoption is not being considered for children because of the myths that exist around things like a) will we find a suitable family; b) does contact have to be severed; c) is the child too old. There was no differentiation identified in this literature review about outcomes based on ethnic groups or race This would potentially be a valuable piece of research.

The reasons for this decline in adoption orders since 2015 are many and complex, with the decline mirrored in part by an increase in kinship and special guardianship orders. Children who often wait the longest to be adopted (sibling groups, children with a disability, older children, and those from global majority or mixed ethnic backgrounds) are waiting longer than ever, despite longstanding attempts to counter this. There has also been a rise in the number of reversals of adoption plans (Consortium of Voluntary Adoption Agencies (CVAA), 2022). As a result, the number of children living in foster care has increased, when we know that foster care is very rarely a long-term option for children and that it does not offer the same level of permanence and stability as adoption.

This Literature Review was commissioned by Adoption England's Regional Adoption Agency (RAA) Leaders' Group to support practitioners in care planning for children. This summary document is for use by those directly involved in care planning, and also aims to potentially provide some support for those writing care plans and court reports for children needing permanency away from their family.

What is permanence?

“Permanence is the foundation from which children can build secure attachments and develop a sense of belonging and identity”.
(Care Inquiry, 2013)

Permanence is defined in the statutory guidance that accompanies the Children Act 1989 as providing children with:

“...a sense of security, continuity, commitment and identity...a secure, stable and loving family to support them through childhood and beyond”.
(Department for Children, Schools and Families (DCSF), 2010)

Permanence can be reached through different pathways:

- a return to birth parents;
- shared care arrangements;
- permanence within the looked after system: a residential placement, long-term unrelated foster care, or family and friends/kinship care;
- legal permanence (adoption, special guardianship, residence order).

Kinship care is an alternative permanence option when children cannot return to their birth parents. Outcomes are generally good for children placed in kinship care and a recent research review found them to be ‘in the main, faring significantly better than those looked after in non-kin foster care’ (Selwyn, 2023, p.67). There is evidence that kinship carers receive less training, less preparation and lower levels of support despite the children having the same needs as those adopted.

One of the key advantages of adoption is that it maintains a legal link to parenthood beyond the age of 18 years, which supports a stable transition into adulthood (CVAA, 2022).



Whilst research shows that adopted young people continue to experience difficulties, and the impacts of early adversity continue, the evidence indicates that they remain with and/or supported by their adoptive families, despite the challenges (Selwyn, 2023).

Permanence refers not only to legal and physical permanence, but also to a range of other factors that are core to a child's development: health care, education, and the emotional dimensions of stability, such as continuity of relationships, community and personal identity. It is about having a family for life and a sense of belonging and connectedness.

The continuity of high-quality relationships provided by permanence and placement stability is important for children in care because they:

- help children build security in themselves and others through the development of secure attachments;
- support children's ability to form relationships through adolescence, early adulthood and beyond; and
- help children develop a strong sense of belonging and identity (Care Inquiry, 2013).

Bright Spots well-being indicators



© Image: Selwyn and Briheim-Crookall, 2022.

Placement stability

We know that children who have many changes of placement fare worse than those who do not, in terms of psychological, social and academic outcomes. Placement moves often entail a change of school and can also have an impact on health care due to the time taken to transfer records and set up new appointments (Ward, 2009). However, it must not be forgotten that moves can be positive. Long-term foster care is beneficial only if the child is happy there (Sinclair, 2005). Some children who were unhappy in their long-term placement have reported that no one listened to them or was prepared to take them out of the placement, highlighting the importance of listening to children regarding their placement and care plan.

The number of foster placements experienced by looked after children in a one-year period has remained broadly stable over the past five years with “one in 10 children experiencing high instability (three or more placements)” (DfE data as of March 2022).

In terms of age group, the proportion of those children with three or more placements decreases slightly in middle childhood (5–9 years). The likelihood of having multiple moves increases for those aged over 10 years. A total of 22 per cent of children aged 10 or over have had three or more homes.

On the other hand, adoption disruption rates were generally found to be low in this literature review.

CLA on 31 March by number of placements during the year, 2018 to 2022

	Percentage				
	2018	2019	2020	2021	2022
Total children	100%	100%	100%	100%	100%
With 1 placement during the year	67%	67%	67%	70%	69%
With 2 placements during the year	22%	22%	22%	21%	21%
With 3 placements during the year	7%	6%	7%	6%	6%
With 4 placements during the year	2%	2%	2%	2%	2%
With 5 placements during the year	1%	1%	1%	1%	1%
With 6 placements during the year	k	k	k	k	k
With 7 or more placements during the year	k	k	k	k	k

Footnotes

1. Percentages have been rounded to the nearest whole number. Figures exclude children looked after under a series of short-term placements. Historical data may differ from older publications which is mainly due to amendments made by local authorities after the previous publication.

Adoptive placements tend to be more stable than foster care and special guardianship placements. Residence orders were found to be less stable than adoption orders by two studies.

When adoption placement disruption does occur, it is associated with older child entry to care and older child age at placement. Moves in care, and time between placement and adoption order, were found by some studies to be associated with disruption. One study found that most disruptions occurred during the teenage years, with teenagers being 10 times more at risk of disruption than children under the age of four.

“Long-term foster care can potentially offer stability and permanence within the looked after system. However, it is dependent on the foster carers’ reapproval each year. The risks of adoption placement need to be weighed against the risks of instability in the care system”.

(Selwyn, 2023)

Selwyn and Mason (2014) examined adoption disruption rates, compared to those of special guardianship orders and residence orders. Over 12 years, the adoption disruption rate was calculated to be 3.2 per cent, compared to 5.6 per cent for special guardianship orders over five years, and 25 per cent for residence orders over six years. Adoption was found to be the most stable placement type in all of the analyses, while age at placement was the key risk factor across all placement types. Most adoption disruptions happened when the child was a teenager. By contrast, most special guardianship and residence order disruptions happened before a child was aged 11. Most adoption disruptions happened over five years after the order, whereas most special guardianship and residence order disruptions occurred within two years of the order. Disruptions of all placement types were associated with older entry to care, older age at placement, and more moves in care.

Neil et al (2014) found that as opposed to the level or type of contact, it was the young person’s satisfaction with the arrangements that was the overriding factor in determining whether or not contact arrangements were sustained.

Staying in touch and maintaining relationships

Jones and Henderson (2017) looked at the sibling relationships of 50 children in long-term foster care. Of these, 58 per cent of the children had at least one sibling with whom they had no established relationship, and 68 per cent were living apart from at least one of their biological siblings classed as familiar to them, i.e. with an established relationship. They concluded that there was a high degree of estrangement, and that contact arrangements tended to diminish over time. Sibling networks were spread across multiple types of placement, including kinship, foster care, adoption and residential placements, which presented challenges for planning and supporting contact plans and relationships. 'Contact plans tended to be dictated by resources rather than the child's needs and preferences' (Jones and Henderson, 2017).

Many adopted young people benefit from continuing relationships with members of their birth family, whereas others find no benefit or disappointment if birth parents do not follow the suggested contact plan (Selwyn, 2023).

"The world in which contact plans are made has changed radically over the last fifty years, from a time when adoption was seen as a "clean break" for relinquished babies to one in which the internet allows unprecedented opportunities for social networking".

(Research in Practice (RIP), 2015)

Neil et al (2014) found that as opposed to the level or type of contact, it was the young person's satisfaction with the arrangements that was the overriding factor in determining whether or not contact arrangements were sustained.

Age at placement, pre-placement experiences and the love, stability and support that new families provide are generally the most important factors in children's outcomes. Further, 'in most cases, birth family contact is unlikely to stop children settling into new families, increase the risk of disruption or lead to poor overall outcomes' (RIP, 2015). Ongoing relationships with birth family members can play an important part in helping children make sense of their own history and identity – helping them to understand who they are, where they have come from and why they cannot live with their birth parents. All children growing up in alternative families, whether adoption, kinship or foster care, must negotiate complex, multiple identities.

Staying in touch/contact arrangements are discussed and planned at the point of the making of a placement order and frequently never reviewed. Lack of support for birth parents in particular results in many contact arrangements failing. For those who remain in long-term care, levels of contact with birth family and friends tend to decline over time. For a minority of children, contact increases as trust builds between their two families; growing numbers of young people initiate contact independently in adolescence through social media (RIP, 2015). Ongoing contact is one of many inter-related factors that impact a child's development.

The Adoption UK Barometer (2022) found that 22 per cent of respondents had stopped responding to birth parents via letterbox, 14 per cent were sending fewer letters, 60 per cent had kept to the original plan, and 5 per cent had increased contact. Of those who had stopped responding, the majority were in their teenage years when the young person themselves had expressed a wish to no longer have ongoing contact. Where relationships are positive, contact is an informally negotiated part of everyday life in such families, but where relationships are conflicted, contact can threaten children's sense of security, permanence and belonging (Wade et al, 2014). There are consistent findings that adopted children have higher self-esteem and a more cohesive sense of identity when placed with carers who have high levels of communicative openness (Brodzinsky, 2006; Beckett et al, 2008).

Neil and colleagues' work at the University of East Anglia (2014) tracked changes in the contact arrangements of 65 young people aged 14–21, until late adolescence. All had been placed when they were under four years of age, and all had plans for ongoing contact at the point of placement. None of the adoptions had disrupted, although one-fifth of the young people had lived somewhere else at some point. Half had significant behavioural difficulties. Importantly, all of the young people were still receiving support and involvement from their adoptive families. Over the 16 years of the study, half of the planned contact arrangements had reduced or stopped. Most had ended because the young person did not feel that they were benefiting from the contact or 'other things got in the way'.



Sibling relationships and disruption

Most children want to maintain contact with siblings. However, sibling bonds in large families can be especially complex, particularly where there are experiences of abuse and neglect.

Selwyn (2019) re-analysed data from two previous mixed-methods studies on adoptive families that had experienced disruption or crisis in England and Wales (see Selwyn et al, 2014; [1]). The views analysed are those of adoptive parents who had a total of 214 children (adopted and birth). While these are not representative of all adoptive families, they are likely to be typical of struggling adoptive families. The majority of adoption disruptions and crises in the sample were indirectly influenced by abusive sibling relationships (even though in the majority of cases these were not identified as the primary reason for disruption). Only 18 of the 83 families were found to have "normal" sibling relationships. The majority of siblings had been harmed, either directly or indirectly. The aggression had escalated as the children grew up, contrary to the trend in normative sibling relationships, to the point that it was life-threatening for some.

The relationship between siblings was identified as more important in influencing disruption than whether siblings were placed together or sequentially. In certain instances disruption can prevent harm, and in those instances the sibling relationship can be better supported by separate placements with planned contact.

Selwyn recommends that assessments prior to placements pay more attention to sibling dynamics, as none of the children in the study had received any intervention to improve sibling relationships.

Learning from child safeguarding practice reviews

Cleaver and Rose (2020) considered 52 case reviews encompassing 98 children published between 2007 and 2019 that related to the serious harm or death of a child who was living with foster carers, adopters or special guardians at the time of the incident. They noted that these figures reflect the far greater number of children placed in foster care, but also note that whereas the data from adoption and foster placements covers the period of the study (2007–2019), all the special guardianship data was post-2015, when the order came into wider use.

Placement	Death	Serious harm	Total	Percentage
Foster family	15	24	39	75%
Adoptive family	2	5	7	13%
Special guardianship	2	4	6	12%
Total	19	33	52	100%

© Table: Cleaver and Rose 2022.



Mental health of adopted children

Adopted children experience many Adverse Childhood Experiences (ACEs). Adopted children were found to have more difficulties than children in the general population (higher rates of Strengths and Difficulties Questionnaire (SDQ) scores within the psychiatric disorder range than the UK general population), while a minority of adopted children were found to show post-traumatic stress symptoms and to meet the screen criteria for autism.

Most children in adoption, foster care, kinship care, residence order and birth parent placements in a sample were found to have a positive self-concept and security of attachment to their parents/carers. In terms of child behaviour and parenting stress, adoption and residence orders were associated with more positive outcomes.

The role of adoption in overcoming adversity and psychological trauma

A study analysing 10 longitudinal adoption case studies in Northern Ireland (McSherry and McAnee, 2022) found that adversity and psychological trauma occurred mainly pre-care and that adoption facilitated some degree of recovery over time. Evidence of possible psychological trauma in the transition from foster care to adoption was found in two cases, but these two children went on to form secure attachments to their adoptive families and were happy. No other evidence was found of adoption being traumatic for children, who were secure and content in their lives.

Educational outcomes in adoption compared with looked after children and those not in care

Children who were previously looked after, but who left care through adoption, performed better in English and mathematics GCSEs than children who were looked after at 31 March 2021. Adopted children were more likely than looked after children to achieve grades 4 or above (47% vs 27%) and grades 5 or above (24% vs 12%). Adopted children were less likely than all pupils in general to achieve grades 4 or above (47% vs 72%) and 5 or above (24% vs 52%) (DfE, 2022). The literature review also found that adopted children and young people experience a range of social, emotional and mental health needs, which impacted their educational experiences and were often overlooked by schools.



Mental health, social and educational outcomes of adopted adults

Two studies found that mid-life outcomes for adopted groups were mostly similar to general population groups, e.g. in educational achievements, mental health, help-seeking, and reported levels of well-being.

Another sample of adults adopted in childhood were found to be worse off in most of the mental health domains explored compared to a general population group, but also showed higher genetic predisposition for mental health problems.

One study found that adopted and looked after adult groups reported poorer outcomes than those in the general population, but the looked after group reported more negative outcomes than the adopted group, e.g. in terms of mental health, social support and criminal convictions.

During pregnancy, 24.1 per cent of men and 25.9 per cent of women who had been looked after reported that they had had a mental health problem, compared to 12.4 per cent and 15.5 per cent of adopted men and women respectively. From pregnancy up to the child being aged five, 23.1 per cent of men who had been looked after reported a criminal conviction, compared to 15 per cent of adopted men.

Conclusion

Adoption remains an important permanence option for some children who are unable to live in the care of their family. As we have learned more about the importance of maintaining relationships in developing a strong sense of identity, a greater amount of work is needed on openness and staying in touch in adoptions.

Children, young people and families in all kinds of alternative permanence experience difficulties and the ongoing impacts of adversity. Adopters remain committed to their children into adulthood despite these challenges, with evidence suggesting that young people remain with and/or supported by their adoptive families. The risks of adoption need to be balanced against the instability of the care system (Selwyn, 2023), which is unlikely to be able to provide continuity of care throughout childhood. Whichever route to permanence is appropriate for a child, support for carers, and for birth parents, and attention to children's wishes are critical to ensure quality and continuity in placements (Boddy, 2013).

When considering the life-long needs of our most vulnerable children, we must ensure that adoption is an available, supported and promoted permanence option for the children for whom it is the correct plan.



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