

# Costs and Outcomes of Non-Infant Adoptions.

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## Executive Summary

**Sample and Design** This study had three main aims a) to examine why some children were more easily adopted than others b) to provide unit costs for adoption and c) to consider the support needs of those adopting older, more challenging children.

The study capitalised on the opportunity to follow up a complete epidemiological based sample of 130 older children for whom an adoption best interest decision had been made in the 1990s. A catch-up prospective design was used to track the care careers of the children aged 3-11 yrs at that time. Case files were read and current carers (80% of adoptive parents and 74% of foster carers) were interviewed. Ninety-six of the children had been matched with an adoptive family and, of these, eighty were still with their adoptive families at follow-up. This was on average seven years after placement with the children then aged 7-21 years. Of the remaining children, 34 were in long-term foster care or other permanent placement and sixteen children had had numerous moves and disruptions, with no stability of care. These three groups (adopted, permanently placed and unstable care career) formed the basis of later analyses of outcomes. This gives the study particular strengths and enables the 'success' of adoption to be more accurately portrayed as the pathways of all the children could be charted, rather than, as is more usual, examining outcomes of children already in adoptive families.

Costing data were collected from files, SSDs and during interviews and used to calculate three separate adoption unit costs: First, the cost of placing a child for adoption; secondly, the cost to social services of maintaining a looked after child in an adoptive placement prior to the Adoption Order and lastly, the cost to social services of providing post-adoption support after the Adoption Order.

## The Early Experiences of the 130 Children

The children's birth parents had multiple overlapping problems with domestic violence, mental health problems and drug/alcohol abuse as common features. Sixty-three percent of the birth mothers had been in care and 32% already had a child looked after or adopted. A Schedule 1 offender was living in or frequently visiting 32% of the children's homes and of these offenders 80% had attached themselves to a mother with learning difficulties. Concerns about the parent's capacity to care for a new baby began before or shortly after birth for 63% of the children.

Most (90%) of the children experienced abuse and neglect whilst living at home with 68% experiencing multiple forms of abuse. There were no gender differences in the children where sexual abuse had been confirmed but differences were apparent for children rejected by their birth parents, with boys far more likely to be rejected.

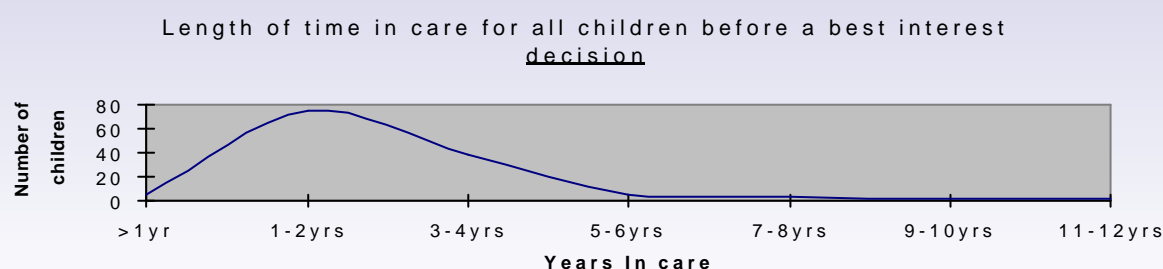
Most families (74%) received family support services but these did not lead to sustained improvements. Other agencies were also involved, with 22% of birth parents under the supervision of a probation officer and 23% in contact with adult mental health services. Many of the children had been looked after by adults other than their parents: 39% had spent time in foster care and 34% had been looked after by kin.

Delays in removing children from home were identified for 68% of the children. Just over half was attributable to social work practice and 22% to the impact of legal delays. Assessments lacked focus, interventions were poorly targeted and continued for years without evaluation of success. Social

workers failed to take into account the consequences of neglect and did not recognise or intervene effectively in these situations. The children were aged between one and ten years old as they entered care with the average age being three. Eighty-five percent had recorded health problems, with emotional and behavioural problems becoming more apparent as they began school.

## **The Children became Looked After**

The initial plan for the majority (73%) of the children was to return home but this only occurred for a quarter of the sample. These children became looked after again very quickly as further abuse was thought to have taken place. The majority of children (59%) did not experience any delay in the making of a permanency plan, but 41% of children waited on average more than two years (range 13 months- 8 years) before a plan was in place. Forty-seven children had between them 67 disruptions, with the majority of disruptions due to the child's challenging behaviour.



The children carried severe and persistent problems forward into their permanent placements but only 7% of the children had received therapeutic help from CAMHS. Ninety-five percent of the children had at least one special need by the time adoption was recommended by the adoption panel. Special needs included developmental delay, sexualised behaviour, emotional and behavioural problems, attachment difficulties, poor concentration and hyperactivity and disability. The extent and complexity of needs was marked. More than half of the children had four or more of these special needs. Not all were old enough to have started school but of those who were in school, 31% had been or were in the process of being made subject of a statement of special educational needs. Over half had problems with enuresis and 19% were encopretic.

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## **Why were some Children more likely to be Adopted?**

The reasons why plans for adoption did not come to fruition for some children are complex. This study was able to identify a number of statistically significant differences between the three outcome groups in the study sample. Children who were adopted were not only younger on entry to care but were also subject to speedier decision making when they entered care. Both age at entry to care and the length of time between entering care and having a best interests decision were found to be significant predictors of not being adopted. The odds of not being adopted increasing 1.8 fold for every extra year of age on entry to care. There were indications that overt sexualised behaviour by young children (aged less than 3 at entry to care) significantly reduced the likelihood of them being adopted, possibly because carers found this behaviour especially worrying and difficult to address in such young children.

Children in the permanently placed group were more likely to have learning difficulties and chronic health problems than children in the other two groups.

Children who had unstable care careers were more likely than the other children to have mothers with mental health problems and were more likely to have suffered multiple forms of abuse. They also had more reunification attempts, more foster care placements, more disruptions and were the only children to have residential placements before the adoption best interest decision. Children with unstable care careers were also more likely to be exhibiting emotional and behavioural difficulties than the other children. Those who by the time of the best interests decision were exhibiting violent behaviour were at particular risk of an unstable care career. This may well have implications for the level and type of therapeutic input such children need as permanency plans are made.

## **Matching and Placing**

Not all of the 130 children were matched with a prospective adoptive family. For 27 children the plan changed very quickly to long-term foster care or residential care and different approaches were taken to find suitable placements. Of the 104 children who were matched, fifteen disrupted during introductions. If a disruption was experienced at this point there was about a 50/50 chance that the next match would not be successful. In the end, ninety-six were placed for adoption of whom eighty were still with their adoptive families at follow-up.

## **Adoptive families**

These 80 children were placed with 66 families, with just over a quarter adopted by their foster carers, four by kin and the remainder adopted by families not known to the children (stranger adopters). Children adopted by foster carers tended to be adopted on their own, into non-professional families, and where there were already children. Stranger adopters were not a homogeneous group. Around a quarter already had children and they tended to adopt older children with more complex abuse histories and more needs. Childless stranger adopters were more likely to take younger sibling groups with fewer special needs.

Previous studies have found that adoptions by foster carers are less likely to disrupt and are more successful than stranger adoptions. In this study we found a more complex picture, perhaps because of

the longer follow-up. Stranger adopters were quicker to give up, with most disruptions occurring during introductions or in the early months of placement. In comparison, foster carer adopters disruptions occurred after two years. Of course, foster adopters have already got through the introductions phase so, if disruptions at introductions are excluded, 47% of foster care adopters disrupted in comparison with 25% of stranger adoptions. There were only 15 foster care adopters in this study, so care needs to be taken about over-stating findings but this pattern of disruptions was repeated in those who had offered long-term foster care placements, with stranger carers disrupting early and known foster carers later. There was no relationship between the child's age, type of family, and the quality of the parent/child relationship. This suggests that there is not one type of family that is more likely to be successful than another.

Adoptive fathers thought it had been assumed that they would take a minor supportive role. They provided important emotional support for their partners and took over more of the parenting tasks. Many fathers were far more involved in parenting than they had been with their own children and most enjoyed this role. Other men found they had to provide the 'mothering' as well as 'fathering,' as children refused to allow adoptive mothers to care for them. Some children refused to be put to bed or eat food prepared by adoptive mothers. Far more attention needs to be paid to the role of fathers in assessment and plans for support.

## **Contact**

Contact with birth parents began to reduce from the time children became long term looked after. Abuse (21%) during unsupervised contact visits, children's disclosure of abuse whilst living at home, parental rejection and the realisation that the children would not be returning home all contributed to contact with birth parents diminishing. By the time of the best interest decision 52% of children were in contact with their birth parents.

Plans for contact were made as children moved into their new families but there was a lack of attention to the process. The majority of adopters were supportive of contact but some complained that levels were set at a frequency that did not allow the child to settle in their new family. The majority of adopters had little guidance in managing contact. Children's behaviour was often very difficult before and after contact visits and the after-effects could last for several weeks. Far more attention needed to be paid to the process including considering the impact of contact on the child in school.

As the follow-up for this study was on average seven years after the children had been placed, most of the children were adolescent and their own wishes in relation to contact were becoming more prominent. Many young people had mobile phones and could text or ring whenever or whomever suited them. They were making their **own** choices. Sometimes this involved trying to re-establish contact and sometimes refusing to continue contact arrangements. This did not always please adopters or social workers. At follow-up eleven adopted children had contact with birth parents.

There were differences in practice in relation to the management of the letterbox service. In some of the authorities, letters from all parties were read by a social worker whereas in others, an administrative member of staff read only letters from the adopters to birth parents. Concerns were growing within the authorities that letterbox posed particular challenges. It was viewed more negatively by adopters than face to face contact.

## **Outcomes of Adoption**

Only 7% of children's adoptive families experienced little difficulty in the first year of the placement. This had risen at follow-up, with 28% of adopters reporting happy settled placements with few conflicts. For another third of adopters, family life at follow-up was described by adopters as a mixture of struggles and conflicts but also rewards with progress evident. For the remaining third descriptions of family life were of problems in many spheres, with few or no rewards and with behaviour difficulties escalating or no signs of progress.

Adopted children's lives were more stable and suffered fewer disruptions than those in other kinds of placement. Nevertheless, only a quarter of the children were free at follow-up from difficulties that were interfering with their lives and development in some way. The strongest predictors of difficulties were the extent of conduct problems and over-activity at the time of the best interest decision and the extent of abusive experiences. There was some evidence that adoption reduced problems in those without severe overlapping early adversities to a greater extent than it did for children in other kinds of family placement. This was not the case for those who came into placement with many problems. The fact that so many adoptions have survived is very encouraging. Only a longer follow-up can resolve whether adoption is likely to provide much greater support and continuity into early adulthood than long term foster care.

## **Supporting adoption**

All adopters were aware of adoption allowances but there was a lack of knowledge of any other services available post adoption. The general view was that they had been discouraged by social workers from thinking that help might be available. In the early days of the placement half of the families did not want additional help, they wanted to be free of SSDs and get on with their lives. But one in eight had purchased private services during the first year, such as additional educational help and speech therapy when these had been unavailable publicly. Adopters singled out some social workers for particular praise. These were workers who were seen to be champions for the child and who listened respectfully to the parents' views. They also understood the reality of how difficult parenting could be and offered concrete advice and support. After the Adoption Order was made all social work visiting ceased for the majority of families. This left adopters feeling they had been abandoned.

At follow-up 52% of families had no social work support and 13% were receiving just an allowance. Far more families wanted some help but thought they had to be in real crisis before SSDs provided other services. The children's difficulties were such that parents had to look beyond social workers for help. Forty-four percent of the children had problems in three or more areas which including learning difficulties, attachment, poor peer relationships, emotional and conduct problems, sexualised behaviour and poor self esteem. Indeed 22% had physically harmed other people or animals, a behaviour associated with the more serious manifestations of conduct disorder. Seventy-seven percent were receiving additional educational support, 59% had seen a Health specialist and 55% had been seen by a CAMHS professional. There was considerable overlap of service provision with one in five children involved with Health Education, CAMHS and police services.

The researchers were surprised at this level of service use as adopters complained that they had difficulty accessing services and that services were often unresponsive. The general message was that services were "too little too late". Adopters complained that services had little understanding of the needs of adopted children. Although many children had been seen, far fewer were receiving on-going support so, for example, only 16% of the children referred to CAMHS received anything more than an initial consultation. Adopters wanted the opportunity to request a multi-disciplinary assessment and to have access to services that could address these problems holistically.

The need for adoption support changed throughout the life of the adoption placement. As some families settled down, other families began to experience problems as difficulties emerged. In general at any one time about one third wanted no support other than any allowance if they were so entitled, a further third wanted support and advice and a further third wanted multi-disciplinary assessment and interventions.

The task of supporting adoptive placements begins long before the child actually moves in with a new family. In this study, adopters commented on the key role foster carers played in being a bridge to the adoptive placement. Where this was done well, the placement got off to a good start. Lack of accurate background information has been noted as an issue in previous studies. Fifty-eight percent of long-term foster carers and 68% of the adoptive parents interviewed stated that they had **not** received all the information on the child that they thought should have been given. There was also an acknowledgement that they had not always 'heard' the information that social workers were giving. Information was often given when the adopters/carers were being asked to consider parenting the child (at matching) or when the child was actually moving in. It was only as time went on, that adopters and later children began to ask questions about past history. The need both to receive and assimilate background information and understand its impact, continues. The search for understanding is not a one off event but a process that starts before the placement begins and continues into adulthood. Agencies need to consider whether help with this process should be a key part of their adoption service.

## Costs of Adoption

This study was able to provide SSD unit costs for the adoption process and placement of a child into an adoptive family. This study calculated the cost of finding a new family and placing a child for adoption as £12,075 and a further unit cost was calculated for supporting the child in their adoptive placement until the making of an Adoption Order as £6,070. This gives a total of £18,167. Adoption activity costs were also calculated for children in this sample. This cost was £25,827 and was higher than the unit cost, because on average children lived with their adopters for two years before the making of the Adoption Order. Few families were receiving post adoption support from CSSRs. Twenty-five families were receiving post adoption services of whom eight received only an allowance. More families wanted support, but thought they had to be in crisis before help from SSDs was given.

The cost to SSDs is only part of the story of the costs for adoption. Adopters often relied on their own resources or turned to other agencies for help. Adoption placed financial pressures on families. In the first year the child was placed many mothers (48%) had been strongly encouraged to give up work or reduce their hours. As income decreased so expenditure increased. Adopters felt they needed to clothe children as they had arrived with few possessions, they wanted to give children experiences they had missed, and as their needs became more apparent get specialist help. One in eight bought private services such as educational help and speech therapy as waiting lists were long and they felt the child could/should not wait. More would have liked to purchased help, but half described themselves as struggling financially. and a fifth stated they had got into debt.

Adoption continued to affect work patterns even at follow-up. Adopters thought that they would be able to return to having a second income but 33% of mothers and 12% of fathers had either been unable to return or had reduced hours because of the child's needs. Many families, especially foster carer adopters, described themselves as struggling with savings exhausted and a quarter in debt. The range of ways adopters were incurring expenditure was striking. As children got older, so their clothes and toys became more expensive. A fifth had purchased private services such as educational services in the previous twelve months. Several children had stolen or been destructive and adopters had picked up the bills. Several were still paying out large amounts in washing and heating bills as children were enuretic.

## **Supporting Long Term Foster Care**

Long-term foster placements were not as unstable as in some previous studies (e.g. Sinclair 2003). Although 46% disrupted, 20% of these were children who had already had a failed adoption. The views of long-term carers were very similar to those of adopters, with two notable exceptions. First, they expressed frustration with a system that gave them the responsibility for caring for a child for years, but did not allow them to make the kind of decisions that parents need to make. Unlike adopters, who quickly realised that they had parental responsibility and used this authority to do what they believed was right for the child, long-term carers were left unsure of how much authority they had. Should they be ringing the school? Whose role was it to communicate with other agencies? Did they have any say in levels of parental contact? Could they agree to a sleep over?

The second difference was in what was happening in the young people's lives as they reached 16 years of age. The long-term carers were concerned that the social work plan was for the young people to move on. Most carers did not want the young people to leave, but thought that the system was set up in such a way as to make it very difficult for them to go on caring. The few children in the sample who had moved out were not doing well. One was pregnant and the others unemployed.

Both differences suggest that there might be a link with the poor educational performance of children who continue to be looked after.

At follow-up there were few differences between the adopted and long-term foster groups on summary measures of psychosocial adaptation, but an important difference was in the strength and quality of relationships with their carers. The long-term fostered children were seen by their carers as having weaker attachments than those who had been adopted. Less parental responsibility and the lack of future security might explain why long-term foster carers believed the children were not as closely attached to them as the adoptive parents did.

## **The Children who had Unstable Care Careers**

There were 16 children who by follow-up had experienced multiple disruptions and whose behaviour was so challenging that many were currently being cared for in specialist residential care. Their lives were sad stories with the majority not expected to live within the community as adults.

Fourteen of the sixteen had been referred to a SSD at the time of their birth. Decision points that might have changed their pathways were identifiable from case files. Of course, it is possible to argue that this comes with the benefit of hindsight, but there were reports on file of futile attempts by teachers and carers to draw attention to the child's plight and secure specialist help that was not forthcoming. Inadequate assessments played a major role in failing to identify specific conditions. At an early stage, the behaviours exhibited by these children were either unusual or extreme and merited a thorough investigation, but they in fact had received fewer diagnoses than the other children.

The educational needs of this group of children had not been attended to. Half had been excluded for long periods and the other half had been truants. Over a quarter of the children were of above average intelligence, yet none of those who had left school had any qualifications. It was difficult for social workers to find a school that would accept a child who had sexually abused another child.

## Factors in the Stability of Long term Foster and Adoptive Placements



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Adoptive parents and long-term foster carers identified the following as crucial to the stability of placements:

- **The child's own wishes** Children could make or break a placement depending on whether they wanted the placement to succeed. There was little evidence that children had been engaged in a **dialogue** (not just a quick consultation) about what they wanted.
- **The child's relationship with the carers' birth children** Birth children were seen as having a key role to play in the success of placements. They provided support, and mediated between family members. Where relationships between the children were strained there was a strong likelihood the placement would disrupt.
- **Accurate assessment of the child's abilities and developmental needs** Social workers over-estimated the remedial impact of environmental influences on children where parents were known to have significant learning difficulties. This led to disrupted placements as adopters found their expectations unfulfilled and birth children were less accommodating of the adopted child's behaviour.
- **The child's behaviour** Carers found conduct problems and difficulties in making relationships the most problematic. There was a view expressed by many that they could cope with most behaviours as long as the young person showed some concern and affection. It was when there was no progress *and* difficult aggressive disruptive behaviour *and* a lack of affection that parents/carers wanted to give up.
- **Quality of support from social workers** The social workers most appreciated by carers were those who understood the reality of trying to care for very challenging children, who offered concrete advice and listened to and respected the views of carers.

*“One day I rang up duty social services and said ‘He is having a huge tantrum, I can’t cope with this child. You’ve got to help or I’m going to do something to him’. They said ‘Can you ring me back next Tuesday?’, I thought ‘Oh I’ll kill him by next Tuesday’...*

*“This one has worked because we were well matched at the outset...nothing was glossed over...we’ve been well supported... and the boys wanted a permanent home - they wanted a family.”*