

Literature review

Exploring Outcomes Relating to Adoption

20 October 2023

This review looks at the available literature (academic and grey) on outcomes from adoption/adoption plans.

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Introduction

Sadly, it remains the case that some children are unable to live in the care of their family. For some of these children, adoption will be the right permanence option. The Consortium of Voluntary Agencies (CVAA), in their *Comparative Review of the Value of Different Forms of Permanence for Children – Adoption, SGOs and Fostering*, concluded that ‘Where appropriate to the needs of the child, adoption brings more value than either SGOs or fostering’ (2022).

The number of children currently in foster care in England and Wales is at an all-time high, around 82,000 (www.gov.uk, 2022), and predicted to continue to rise over the next few years. 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 (www.gov.uk, 2022). The reasons for this are many and complex, but in part have been mirrored by the increasing use of kinship placements and special guardianship orders (Selwyn and Briheim-Crookall, 2022).

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 (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, Regional Adoption Agency (RAA) Leaders’ Group to support practitioners in care planning for children. The main Review here contains summaries of all literature (both academic and grey) identified within the search parameters (see Methodology). Some of these are unremarkable for those involved in care planning; others contain highly relevant and critical information. This main report is accompanied by a shorter summary ‘Briefing Note’ for use by those directly involved in care planning and to potentially provide some support for those writing care plans and court reports for children needing permanency away from their family.

Context

The majority of children who enter care return home within a year. However, some children are not able to return home safely and need an alternative form of permanence.

Identifying the right placement for those children who are unable to safely return home requires effective evidence-based assessment and planning processes, and listening to the views and wishes of children and their families (Department for Education (DfE), 2014).

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 is about having a ‘family for life’ and ‘a sense of belonging and connectedness’



(DfE, 2014). 'At its heart is the quality and continuity of the relationships children build with their carers, regardless of placement type' (Care Inquiry, 2013).

Placement stability is an important element of permanence as it creates opportunities for children to develop these relationships, which may take time for children whose previous relationships have been characterised by adversity (Boddy, 2013).

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 to 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 is important for children in care because they:

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

Wherever possible, therefore, the sector should strive to provide children with a sense of permanency, both physical and emotional, whether that is through adoption, kinship care, long-term fostering or another permanence option.

Between 2015 and 2021, the Bright Spots Programme collected the voices of over 10,000 children and young people through 'Your Life, Your Care' surveys given to children in care. These 'voices' give an unprecedented insight into the subjective well-being of children in care. The surveys were originally co-produced with care-experienced children to capture the elements that they felt made their lives 'good'. These elements became the Bright Spots well-being indicators (Figure 1). Whilst these were the thoughts of children in care or those who were care-experienced, they serve as a useful base for us to consider what is important to children and young people when providing alternative care for them (Selwyn and Briheim-Crookall, 2022).



Bright Spots well-being indicators



Image: Selwyn and Briheim-Crookall, 2022.

Whatever the alternative permanence option decided on for a child who cannot return home, it is imperative that it is the correct choice for that individual child, their needs and circumstances, and that it is an evidence-based plan. Any option of adoption, kinship care or long-term fostering may be the correct alternative permanence choice; all have many benefits, but none are without challenges. All require continuing support for both children and families.

We need to ensure that all permanence options are openly considered in planning for children. These are children who have already experienced upheaval, change and trauma, and there is a need to ensure that they, and their families, are given the support they require to recover, heal and be able to live full and stable lives. Regardless of the placement type, the children and their families are likely to require continuing support, both now and for many years to come.

Wilkinson and Bowyer (2017) carried out an evidence review, *Impacts of Abuse and Neglect on Children: A comparison of different placement options*, commissioned by the DfE. This had the aim of bringing together a summary of key research findings of:



- the impacts of abuse and neglect on children; and
- the strengths and weaknesses of different types of long-term placements in relation to their impact on children.

The review was intended to 'help decision makers (including Cafcass guardians) reflect on the needs of children who have been abused or neglected and understand how different placement types may address particular needs' (Wilkinson and Bowyer, 2017).

The caveats cited in managing expectations remain true today:

Firstly, it is important to note that research has its limitations and bodies of evidence change over time ... Decision makers need access to information that is comprehensive and regularly updated... Secondly, the application of research evidence in making decisions in relation to individual cases requires learning and development support and relies on those informing the decision making to have an in-depth understanding of the individual child, their family and wider context. There are no generic answers that research can provide that can be applied in a wholesale way across the specific case circumstances of individual children, young people and families. We can learn a great deal from the aggregated evidence that research provides, but that evidence only gains meaning when it is applied, with analytical rigour and critical thinking, to each individual situation. Thirdly, whilst this review is intended to be useful to decision makers in local authorities and within the judiciary, it is recognised that colleagues working in different parts of the system will have their own professional perspectives and areas of specialist expertise. This piece of work is therefore necessarily generic in the whole, and seeks to augment the existing more specialised knowledge sources.

In addition, Selwyn (2023) further examines the challenges of comparing 'outcomes' of different types of permanency placements.

Firstly, long-term foster care placements are 'seldom planned' in the same way as adoptions. Any comparison is therefore unlikely to be a true comparison. 'Long-term foster care' has only been defined since the Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015. Other variables, such as the average age of children placed in long-term foster care being older than that of those placed for adoption, also make comparison of behavioural outcomes difficult.

Little is known about the outcomes of special guardianship or kinship care (Selwyn, 2023). Special guardianship orders were designed to provide permanence for children for whom adoption was not appropriate. Special guardianship allowed children to leave the care system but remain with their long-term foster carers under a private law arrangement. The original expectation was that this could be used for older children, children who needed to maintain a relationship with their birth family, and asylum-seeking children who had a possibility of reunification with family in the future. Its use for very young children (who would otherwise have been adopted but who were placed with kinship carers) is a later development that has become a common use of the order.

There is also a limited knowledge base with regards to adoption outcomes. Adopted children are not consistently defined within national databases, and as a result tracking educational and health outcomes for these children is difficult.



Indeed, the definition of ‘outcomes’ can be questioned. Whilst, as Selwyn (2023) suggests, it is primarily used as ‘shorthand for the success or otherwise’ of a plan for adoption, this can be looked at in terms of a child’s emotional and behavioural outcomes, developmental outcomes, educational progress, health parameters, or the stability of the placement.

The capacity of adoptive parents to understand, identify and resolve issues both in the early stages of placement and as this evolves over time is also significant. As such, this must include the support that is provided based on an expert assessment of the child’s development.

Methodology

What are the outcomes experienced by adopted children and adults adopted in childhood? In November 2022, we used the search terms: 1) ‘adoption outcomes’ AND ‘child*’, and 2) ‘adoption plan* outcomes’ AND ‘child*’ AND ‘UK OR British OR Britain OR United Kingdom OR England OR Scotland OR Wales OR Northern Ireland’ on the EBSCO website through the Social Research Association. Our timeframe for results was January 2014 to November 2022, and we searched for English language sources only. We excluded journals that had titles indicating that they focused on countries outside of the UK. The first EBSCO search found 34 results, and the second 71 results, some of which were duplicates. We removed duplicates and screened the remaining 95 results. We carried out Google Scholar searches for ‘adoption outcomes child* UK’ and ‘adoption plan outcomes child* UK’ and screened approximately 300 results. We also searched the DfE’s database for adoption outcomes. Finally, we consulted with experts in the field, including colleagues at Coram, and screened sources that they shared.

We summarised the 22 sources we deemed most relevant:

- 1 source on interpreting adoption outcomes
- 4 sources on placement stability
- 10 sources on mental health, social and educational outcomes of adopted children
- 4 sources on mental health, social and educational outcomes of adopted adults
- 2 sources on variables associated with adoption outcomes
- 1 source on the influence of sibling dynamics on adoption outcomes

Our review included 13 quantitative, 1 qualitative and 7 mixed methods studies. A total of 7 of these focused on children in the UK, 6 on children in England, 3 on children in Wales, 3 on children in Northern Ireland, and 2 on children in England and Wales. Overall, this review summarises research on approximately 88,490 children, and 3,826 adults adopted in childhood. In addition, a source offering guidance for understanding adoption outcome studies is summarised.

Comparing outcomes of permanent placement types

Permanency options

Permanence can be reached through different pathways:

- a return to birth parents;
- shared care arrangements or private fostering;



- 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 orders) (Boddy, 2013).

Kinship care is an alternative permanence option when children cannot return to their birth parents. Outcomes are generally good for these children, and in a recent research review children were found to be 'in the main, faring significantly better than those looked after in non-kin foster care' (Selwyn *et al*, 2013, p.67). There is evidence that kinship carers commonly receive less support than unrelated carers.

One of the key drivers 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 that 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).

The impacts of instability/placement stability

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 (Sinclair *et al*, 2007). This highlights the importance of listening to children regarding their placement and care plan.

Stability of foster placements

The number of placements experienced by looked after children in a one-year period has remained broadly stable over the past five years, with a slight increase in stability during the 2020-2022 Covid-19 pandemic (DfE data as of March 2022).

One in 10 children experienced high instability (three or more placements) - 10% - broadly stable from 9% in 2021 and 11% in 2018. Of those who had been in care for 12 months or more - 9% experienced three or more placements, compared to those who had been in care for less than 12 months - 12% (DfE, 2022).

If looked at in terms of age groups, it can be seen that whilst the proportion of those children with three or more placements decreases slightly in middle childhood (5-9 years),



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.

the likelihood of having multiple moves increases for those aged over 10. A total of 22% of children aged 10 or over have had three or more homes.

Whilst long-term foster care can potentially offer stability and permanence within the looked after system, it is dependent on foster carers' reapproval each year, a factor often overlooked. The risks of adoption need to be weighed against the risks of instability in the care system (Selwyn, 2023).

CLA on 31 March with high instability by characteristics, 2021 to 2022

		Percentage				
		2018	2019	2020	2021	2022
Age group	Under 1 year	11%	11%	12%	13%	11%
	1 to 4 years	9%	9%	9%	8%	10%
	5 to 9 years	6%	7%	7%	6%	7%
	10 to 15 years	11%	10%	10%	8%	10%
	16 years and over	15%	14%	15%	13%	12%



Placement breakdowns

The literature review highlighted:

- Adoption disruption rates were generally found to be low. 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.
- Placement disruption 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.

Selwyn and Mason examined adoption disruption rates, compared to those of special guardianship orders and residence orders. They analysed DfE national data from 2000-2011: 37,335 children with an adoption order, 5,912 with a special guardianship order, and 5,771 with a residence order. Over 12 years, the adoption disruption rate was calculated to be 3.2%, compared to 5.6% for special guardianship orders over five years, and 25% for residence orders over six years.

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 was made, whereas most special guardianship and residence order disruptions occurred within two years of the order being made. Disruptions of all placement types were associated with older entry to care, older age at placement, and more moves in care. Selwyn and Mason a) analysed only children who were aged over four years at the time of the order; b) only studied kin orders; c) controlled for age and time to the order; and d) used only a five-year period. They found that adoption was the most stable placement type in all of these analyses.

Selwyn (2023) concludes that 'the evidence shows that adoption provides greater stability in comparison with other permanence orders'. An Adoption UK survey (2022) found that:

71% of 496 adopted young people aged 16-25 years were still living at home. A similar proportion to their peers (66%) in the general population. In comparison, of those in foster care eligible for Staying Put, 60% were living with their carers at 18 years old and 24% at 20 years old.

Age at placement remains the key risk factor in all types of placements, as it can be seen as equating to the length of time during which a child or young person has been exposed to adversity. Selwyn (2023) proposes that it is not a simple linear association, as children are not exposed to adversity for the whole time before adoption. 'Age' therefore needs to be examined along with other pre-placement risks.

Maintaining relationships

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).



Contact plans for children living away from their birth families can have life-changing implications for everyone involved. It is essential that such plans are informed by the best available research as well as a good understanding of the unique needs and circumstances of individual children and their families. (Research in Practice (RIP), 2015).

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. (RIP, 2015).

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% of respondents had stopped responding to birth parents via letterbox, 14% were sending fewer letters, 60% had kept to the original plan, and 5% 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 behavioral 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'.

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.

Adopted young people's satisfaction with contact arrangements is not related to the level or type of contact they have, but to the young person's overall adjustment, the quality and stability of contact arrangements and the extent to which these match the openness desired. (Neil et al, 2014).

Children growing up in long-term foster care may experience divided loyalties between their two families, with ambivalent feelings of love and anxiety towards birth families. Ongoing contact may go some way towards mitigating this (RIP, 2015). For children in kinship care, Farmer (2009) concluded that they tend to have a stronger sense of belonging, but that thinking and talking about their intimate and painful story can be challenging and adult relationships around them often remain difficult. Contact for children in kinship care can still bring a sense of divided loyalties if it does not work well.

Sibling relationships

Most children want to keep in touch with their siblings and may mourn deeply when contact is severed, particularly if they have assumed a parental role in the past (RIP, 2015). However, sibling bonds in large families can be especially complex, particularly where there are experiences of abuse and neglect. In addition to the usual sibling mixture of love, loyalty, resentment, protection, competitiveness and jealousy, brothers and sisters may have competed for scarce resources, taken on excessive responsibility or developed abusive relationships.

Selwyn (2019) found that the majority of adoption disruptions and crises were indirectly influenced by abusive sibling relationships. Aggression tended to escalate as children grew up. The relationship between siblings was identified as more important in influencing disruption than whether siblings were placed together or sequentially.

Jones and Henderson (2017) looked at the sibling relationships of 50 children in long-term foster care. Of these, 58% of the children had at least one sibling with whom they had no established relationship, and 68% 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).



Learning from Child Safeguarding Practice Reviews.

Cleaver and Rose (2020) considered case reviews 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. The findings of 52 serious case reviews were included in this timespan, covering 98 children. (Note: since 2018 ‘Serious Case Reviews’ have been known as ‘Child Safeguarding Practice Reviews’)

The majority related to children living in foster care. Cleaver and Rose concluded that this majority reflects the far greater number of children placed in foster care, but also noted that whereas the data from adoption and foster placements covered the period of the study 2007–2019, all the special guardianship data was post-2015 (when the order came into wider use).

Type of placement at time of harm or fatality

(Cleaver and Rose, 2020).

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

Mental health, social and educational outcomes of adopted children

- Adopted children experienced many Adverse Childhood Experiences (ACEs) pre-placement.
- Adopted children were found to have more difficulties than children in the general population, e.g. they had higher rates of Strengths and Difficulties Questionnaire (SDQ) scores within the psychiatric disorder range than the UK general population.
- A minority of adopted children were found to show post-traumatic stress symptoms and to meet the screen criteria for autism.
- In the Story Stem Assessment Profile, late-adopted children with a known history of adversity had lower security and higher defensive-avoidance, disorganisation and insecurity scores than early adopted children with no known experience of adversity (and children with no known adversity raised by birth parents).
- 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.
- A study analysing 10 adoption case studies 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 where the transition had occurred from longer-term foster care and had severed the children's attachments to their foster carers. 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.

- Adopted and non-adopted groups mostly performed similarly in facial emotion recognition assessments.
- 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/young people were found to 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.

Conclusions

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. It is possible that ongoing direct contact with birth family members can be facilitated and promoted within adoptions. All children in alternative permanence, whether adoption, kinship care or foster care, need to navigate complex multiple identities. More work is also needed on support for both birth families and adoptive families.

However, despite this, evidence shows repeatedly that adoption is potentially the most stable form of permanence.

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.



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



Appendix

Summaries of relevant sources included in the literature review

Interpreting adoption outcomes findings

7. Holmgren E and Elovaino M (2019) 'Issues in interpreting the findings from adoption outcome studies: a checklist for practitioners', *Adoption & Fostering*, 43:2, pp.210-213

Topic: Guidance for understanding adoption outcome studies.

The authors have created a checklist of five principles to be used by social workers to interpret adoption outcomes studies, in order to help them navigate the tremendous variability of research settings and samples used.

- Principle 1: adopted children are not a homogenous population; although they may share some vulnerabilities, their histories vary greatly, and they may or may not have experienced serious trauma and deprivation. Different studies focus on different groups of adopted children, and it is thus not surprising that they report a wide range of outcomes.
- Principle 2: as there is no consensus on the definition of behavioural and emotional adjustment, different outcome measures are used in different studies. Parental questionnaires have been used extensively, although contemporary research underlines the importance of involving multiple informants, including children as well.
- Principle 3: the timing of measurements influences study results.
- Principle 4: adoption per se does not yield specific developmental outcomes, as a variety of underlying factors influence outcomes in a complex interplay.
- Principle 5: the wider environment in which children develop influences outcomes.

Placement stability

1. Beckett C, Pinchen I and McKeigue B (2014) 'Permanence and "permanence": outcomes of family placements', *British Journal of Social Work*, 44:1: pp.1162-1179

Topic: comparing breakdown rates of different permanence options.

Beckett *et al* completed a follow-up four to six years post-hearing of all 59 children who were subject to care proceedings in one local authority in England in April 2004 to March 2005. They carried out a case file review. They found a breakdown rate of 18% for adoptions (three cases of adoption by non-relatives and one case of adoption by relatives). In comparison, the one special guardianship placement in the sample broke down and 44% (n=4) of 'permanent' foster care placements, but there were no breakdowns of kinship placements (n=10) (excluding adoption by relatives) or of return/remain at home placements (n=13). Although they found a considerably higher rate of breakdown among 'permanent' foster care than adoption, the average age of children placed for adoption by non-relatives was 2 years and 20 weeks at the end of care proceedings, compared to 10 years and 15 weeks for children placed for permanent fostering. At final hearing, the



average age of children who did not experience breakdown was four years younger than that of the children who did experience breakdown. Beckett *et al* argue that although in some cases behaviour issues were cited as a reason for breakdown, this behaviour could be identified as children's efforts to resist. They advocate flexibility when seeking permanency, considering children's views and attachments to reduce breakdowns.

2. McSherry D and Malet MF (2018) 'The extent of stability and relational permanence achieved for young children in care in Northern Ireland', *Children Australia*, 43:2, pp.124-134

Topic: mixed methods study analysing placement stability and relational stability amongst individuals adopted from care in Northern Ireland.

Prospective longitudinal study with two stages: 1) development of placement profile for 354 young people who were aged less than five years and looked after in Northern Ireland on 31 March 2000, based on social services' data; 2) interviews with 30 young people and their parents/carers. They found high rates of placement stability. Adoption/residence order/birth parent placements demonstrated greater stability than long-term foster care/kinship foster care placements. Interviews with young people and/or their parents/carers demonstrated high relational permanence, regardless of placement type. Placement breakdown did not always lead to relationship breakdown. Placement stability may be closely linked to relational permanence; foster/kinship foster care placements may not be as enduring as adoptive/residence order/birth parent placements.

3. Selwyn J and Mason J (2014) 'Adoption, special guardianship and residence orders: a comparison of disruption rates', *Journal of Family Law*, 44:1, pp.1709-1714

Topic: comparison of disruption rates of adoption, special guardianship orders and residence orders.

Selwyn and Mason examined adoption disruption rates, compared to special guardianship orders (SGOs) and residence orders (ROs). They analysed Department for Education (DfE) national data from 2000-2011: 37,335 children with an adoption order, 5,912 with a SGO, and 5,771 with a RO. Over 12 years, the adoption disruption rate was calculated to be 3.2%, compared to 5.6% for SGOs over five years, and 25% for ROs over six years. Most adoption disruptions happened when the child was a teenager. By contrast, most SGO and RO disruptions happened before a child was 11 years old. Most adoption disruptions happened over five years after the order being made, whereas most SGO and RO disruptions occurred within two years of the order being made. Disruptions of all placement types were associated with older entry to care, older age at placement, and more moves in care. Selwyn and Mason a) analysed only children who were aged over four years at the time of the order; b) only kin orders; c) controlled for age and time to the order; and d) used only a five-year period. They found that adoption was the most stable in all of these analyses.

4. Selwyn J, Wijedasa D and Meakings S (2014) *Beyond the Adoption Order: Challenges, interventions and adoption disruption – Research brief.*

Topic: National adoption disruption rate compared to disruption rates of other legal orders, factors associated with disruption, the experiences of adoptive families that face disruption or difficulties.



This study estimated the national adoption disruption rate (post order), focusing on previously looked after children adopted out of care, excluding intercountry and step-parent adoptions. The adoption disruption rate was calculated using: DfE data on looked after and adopted children (2000-2011); data collected by sending a request to all adoption managers in England (return rate 86%), and to managers of voluntary adoption agencies (return rate 55%); data from a survey sent by 13 local authorities to parents who had adopted a child April 2002 to March 2004 (return rate 34%). The study calculated an adoption disruption rate of 3.2% using DfE data on 37,335 adoptions.

The most important factors that predicted adoption disruption were the child's age at disruption and placement, and time between placement and adoption order. Most disruptions occurred during the teenage years, with teenagers being 10 times more at risk of disruption than children under the age of four. Delays in decision-making and being placed over the age of four were associated with disruption.

For adoption orders, residences orders and special guardianship orders (SGOs), disruption rates were found to be low, with adoption orders being the most stable and ROs the least stable. Over a five-year period, 7 in 1,000 adoptions were likely to disrupt, compared to 36 in 1,000 SGOs and 147 in 1,000 ROs. Adoption disruptions were more likely to happen later – five years or more post order – than SGOs and ROs disruptions - within two years of the order. Being older at entry into care was a risk factor for disruption on all three types of order.

Mental health, social and educational outcomes of adopted children

1. Anthony R, Paine AL and Shelton KH (2019) 'Adverse childhood experiences of children adopted from care: the importance of adoptive parental warmth for future child adjustment', *International Journal of Environmental Research and Public Health*, 16:1, pp.1-1.

Topic: ACEs, parental warmth and internalizing and externalizing problems of adopted children.

Anthony *et al* used data from the Wales Adoption Cohort Study. They reviewed 374 case file records of every child placed for adoption by all local authorities in Wales between 1 July 2014 and 31 July 2015. A total of 96 adoptive parents of these children completed a questionnaire three-five months post placement, 84% completed a questionnaire 15-17 months post placement (n=81), and 74% completed a questionnaire 31-33 months post placement (n=71). Adoptive parents completed the SDQ¹ at the three time points and the Iowa Family Interaction Rating Scales² 17-17 months post-placement. Children had experienced many ACEs before placement. Compared to general population³ and looked after samples,⁴ children in this study were reported to have more difficulties by their

1 Goodman, R. The strengths and difficulties questionnaire: A research note. *J. Child Psychol. Psychiatry* 1997, 38, 581–586.

2 Melby, J.N.; Conger, R.D.; Book, R.; Reuter, M.; Lucy, L.; Repinski, D. The Iowa Family Interaction Rating Scales, 5th ed.; Iowa State University, Institute for Social and Behavioral Research: Ames, IA, USA, 1998.

3 Goodman, R. The strengths and difficulties questionnaire: A research note. *J. Child Psychol. Psychiatry* 1997, 38, 581–586 and Meltzer, H.; Gatward, R.; Goodman, R.; Ford, T. Mental health of children and adolescents in Great Britain (reprinted from 2000). *Int. Rev. Psychiatry*. 2003, 15, 185–187.

4 Goodman, A.; Goodman, R. Strengths and difficulties questionnaire scores and mental health in looked after



parents. The number of ACEs was weakly associated with internalising symptoms 31-33 months post-placement and was not correlated with externalising problems. Anthony *et al* suggest that this may indicate the impact of a nurturing environment. Children who experienced less adversity and more parental warmth had the least internalising problems and children who had experienced more adversity and low parental warmth had higher internalising problems.

2. Anthony R, Paine AL, Westlake M, Lowthian E and Shelton KH (2020) 'Patterns of adversity and post-traumatic stress among children adopted from care', *Child Abuse & Neglect*, 130:2.

Topic: post-traumatic stress symptoms not uncommon among adopted children.

Anthony *et al*'s study used data from the Wales Adoption Cohort Study and analysed social worker records for every child placed for adoption in all Welsh local authorities between July 2014 and July 2015 (n=374). A subset of families also completed questionnaires at four waves over four years post-placement (n=96). Perinatal adversity (including drug or alcohol exposure and low birth weight) and postnatal adversity (including abuse and neglect whiles in the care of birth parents) were coded as absent or present based on social worker records. The Trauma Symptom Checklist for Young Children (TSCYC)⁵ was completed by parents/carers at wave four. This study used the TSCYC sub-scales for post-traumatic stress-intrusion (e.g. nightmares, flashbacks), post-traumatic stress-avoidance (e.g. emotional numbing, unwillingness to speak about a traumatic event), post-traumatic stress-arousal (e.g. jumpiness and tension). They used five classes of adversity: postnatal risk, perinatal risk, multiple complex risk (high probabilities of pre and postnatal adversity), parental difficulties and lower exposure. A total of 19% of children in the study were in the clinical or borderline range for post-traumatic stress arousal, 14% for post-traumatic stress avoidance, and 8% for post-traumatic stress intrusion. A total of 7% to 14% of children scored within the clinical range for all subscales. The postnatal risk group had significantly higher post-traumatic stress intrusion symptoms scores than the other groups. The multiple complex risk group had significantly higher scores for post-traumatic stress avoidance symptoms and post-traumatic arousal symptoms.

3. Golombok S, Mellish L, Jennings S, Casey P, Tasker F and Lamb ME (2014) 'Adoptive gay father families: parent-child relationships and children's psychological adjustment', *Child Development*, 85:2, pp.456-468

Topic: comparison of children adopted by gay, lesbian and heterosexual families, with a focus on adjustment and sex-typed behaviour.

Golombok *et al*'s sample included 41 gay adoptive families, 40 lesbian adoptive families, and 49 heterosexual adoptive families (all two-parent families) in the UK. The 130 children were aged three to nine years and had been placed for at least 12 months. The SDQ⁶ was used to

children. *Br. J. Psychiatry* 2012, 200, 426-427.

⁵ Briere, J. (2005). Trauma symptom checklist for young children (TSCYC). Odessa, FL: Psychological Assessment Resources.

⁶ Goodman, R. (1994). A modified version of the Rutter Parent Questionnaire including extra items on children's strengths: A research note. *Journal of Child Psychology and Psychiatry*, 35, 1483-1494.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.



measure child adjustment and the Preschool Activities Inventory⁷ was used to assess sex-typed behaviour. Child externalising problems rated by parents were higher in heterosexual than gay and lesbian families. A higher proportion of children in this sample (15.5%) obtained parent-reported SDQ scores above the cut-off for psychiatric disorder than in the UK general population (8%).⁸ Family type was not associated with scores above the cut-off in this sample and no difference in sex-typed behaviour was found in different family types.

4. Green J, Leadbitter K, Kay C, and Sharma K (2016) 'Autism spectrum disorder in children adopted after early care breakdown', *Journal of Autism and Developmental Disorders*, 46:4, pp. 1392-1402

Topic: autism (ASD) rates in children adopted from UK care.

Autism has been seen in children adopted after time spent as orphans; study explored whether this was also seen in children adopted post-family breakdown. 60 children aged 6-11, adopted from care in the UK. A total of 90% (n=54) participants did a Development and Wellbeing Assessment (DAWBA) screening. 39% of these 54 respondents (n=21) reached DAWBA screen criteria for ASD. Collaborative Programs of Excellence in Autism (CPEA)⁹ criteria for ASD were reached in 11% (n=6) and for 'Broad ASD' in 18.5% (n=10); 9% (n=5) were false positive screens. This study found high incidence of ASD phenotype in 11%, with an additional 18.5% showing some features. Results point to three cases with familial history of autism, learning disability or mental illness, who experienced little/no postnatal environmental family risk as they entered care at/soon after birth. These cases are indicative of familial idiopathic autism or other pre-natal risk, which has clustered where parents have found it difficult to cope with a child who has entered care early. Results are striking, but this is self-selected sample.

5. Hillman S, Hodges J, Steele M, Cirasola A, Asquith K, and Kaniuk J (2020) 'Assessing changes in the internal worlds of early and late-adopted children using the Story Stem Assessment Profile (SSAP)', *Adoption & Fostering*, 44:4, pp.377-396

Topic: comparison of attachment and internal representations of two adopted groups and children raised by birth parents.

Hillman *et al* explored attachment and internal representations in late-adopted children with known previous adversity ('MLA') (n=63), early adopted children with no known experience of maltreatment ('EA') (n=48), and children raised by their birth parents and no known maltreatment ('COMM') (n=80). The EA and MLA groups were recruited via UK adoption agencies and social service departments. The 191 children were aged between four and nine years old. The adopted children were assessed three times and the COMM group were assessed once using the Story Stem Assessment Profile (SSAP).¹⁰ In this assessment, children are read the start of 13 'stories' and are asked to say what happens

⁷ Golombok, S., Rust, J., Zervoulis, K., Croudace, T., Golding, J., & Hines, M. (2008). Developmental trajectories of sextyped behavior in boys and girls: A longitudinal general population study of children aged 2.5–8 years. *Child Development*, 79, 1583–1593.

⁸ Meltzer, H., Gatward, R., Goodman, R., & Ford, F. (2000). *Mental health of children and adults in Britain*. London: The Stationery Office.

⁹ Lainhart, J. E., Bigler, E. D., Bocian, M., et al. (2006). Head circumference and height in autism: A study by the collaborative program of excellence in autism. *American Journal of Medical Genetics*, 140(21), 2257–2274.

¹⁰ Hodges J and Hillman S (2007) Story Stem Assessment Profile (SSAP). Unpublished manuscript.



next. The answers are then scored on 39 different codes associated with Security, Insecurity, Defensive-Avoidance and Disorganisation. Hillman *et al* found that children in the COMM group had the highest Security and lowest Defensive-Avoidance, Disorganisation and Insecurity scores, while the MLA children had the lowest and highest scores respectively. The EA children's representations were in the middle of these two groups. Both the MLA and EA samples demonstrated a fall in Defensive-Avoidance and Disorganisation and a rise in Security representations over two years. This has positive indications for adoption as an intervention. However, there was no longitudinal comparison with the COMM group.

6. McSherry D, Malet M F and Weatherhall K (2016) 'Comparing long-term placements for young children in care: does placement type really matter?' *Children and Youth Services Review*, 69:1, pp.56-66

Topic: attachment, self-concept, behaviour and parenting stress of children in different placement types.

McSherry *et al* carried out a longitudinal study of 374 children under five years and in care in Northern Ireland on 31 March 2000. They gathered baseline information in 2000 to 2003. In 2003 to 2006, they gathered the views of adoptive, foster and birth parents/carers for 110 children in adoption, foster care, kinship foster care, on residence order, and living with birth parents. In 2006-2010 they gathered the views and experiences of 77 children aged 9-14 years directly. Social services placement data was gathered on 31 March 2007. Parents and carers did the SDQ¹¹ and the Parenting Stress Index-Short Form (PSI/SF).¹² Children did the Piers-Harris Self-Concept Scale 2 and the Inventory of Parent and Peer Attachment – Revised (IPPA-R)¹³ for children. Most children across the placement groups had a strong security of attachment to their parents/carers and had a positive self-concept. The authors suggest that one possible explanation is that most children had been in the same placement from a young age across the placement groups. However, outcome data reported by parents and carers on child behaviour and parenting stress indicated more positive outcomes were associated with adoption and residence orders than the other placement types.

7. McSherry D and McAnee G (2022) 'Exploring the relationship between adoption and psychological trauma for children who are adopted from care: a longitudinal case study perspective', *Child Abuse & Neglect*, 130, pp.1-16

Topic: the potential of adoption to mitigate early psychological trauma, or to cause psychological trauma in itself.

The study provides 10 longitudinal case studies of children in Northern Ireland who entered care before the age of five and were subsequently placed for adoption, following them from pre-care to teenage years. These case studies were constructed using data from a previous longitudinal study.¹⁴ Six patterns of experience were identified. Adversity and psychological

¹¹ Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581–586.

¹² Abidin, R. (1990). *Parenting stress index/short form*. Lutz, FL: Psychological Assessment Resources Inc.

¹³ Gullone, E., & Robinson, K. (2005). The inventory of parent and peer attachment – Revised (IPPA-R) for children: A psychometric evaluation investigation. *Clinical Psychology and Psychotherapy*, 12, 67–79.

¹⁴ McSherry, D. (2011). 'Lest we forget: Remembering the consequences of child neglect - A clarion call to "feisty advocates"', *Child Care in Practice*, 17(2): 103–113.



trauma were found to have occurred mainly pre-care for these children, with adoption 'facilitating some degree of recovery over time' (p.12).

Some children were found to experience continuing multiple challenges linked to pre-birth factors such as Fetal Alcohol Spectrum Disorder (FASD) or an inherited intellectual disability, which superseded concerns about possible pre-care psychological trauma. The children affected were nevertheless found to be securely attached to their adoptive parents and reported feeling happy with their lives.

The study found evidence of possible psychological trauma in two instances where the transition to adoption had occurred from longer-term foster care and had effectively severed the children's attachments to their foster carers. These two children, however, went on to form new secure attachments with their adoptive families and were happy. Apart from these two cases, the study found no evidence of adoption in itself being traumatic for the children, who were secure and content in their lives. Almost all the children did carry a sense of ambivalence and at times sadness in relation to their past; however, these feelings were not found to be caused by adoption in itself and were not accompanied by the symptoms that would denote psychological trauma.

8. Paine AL, van Goozen SHM, Burley DT, Anthony R and Shelton KH (2021) 'Facial emotion recognition in adopted children,' *European Child & Adolescent Psychiatry*

Topic: comparison of adopted and non-adopted children's facial recognition ability.

Paine *et al* studied 42 children aged four to eight years who were adopted from care in the UK and were assessed at the Neurodevelopment Assessment Unit (NDAU). They reviewed social work records and interviewed parents to establish the number of ACEs experienced by children before their adoption. They used a comparison group of children living with their birth parents (n=42). The Facial Emotion Recognition task,¹⁵ which asks children to identify facial expressions they are shown using emotion category labels, was used. Adoptive parents and teachers completed the SDQ.¹⁶ The British Picture Vocabulary Scale¹⁷ was also used, which shows children four pictures and asks the child to choose the picture matching the word's meaning. Paine *et al* found that the adopted and non-adopted groups mostly performed similarly. However, adopted children underperformed in differentiating between sad and angry faces. Unexpectedly, more ACEs were associated with more accurate discrimination between sadness and fear.

9. Department for Education (2022) [Outcomes for Children in Need, including Children Looked After by Local Authorities in England: Create your own tables.](#)

¹⁵ Hunnikin LM, Wells AE, Ash DP, van Goozen SH (2019) The nature and extent of emotion recognition and empathy impairments in children showing disruptive behavior referred into a crime prevention programme. *Eur Child Adolesc Psychiatr* 29:363–371. <https://doi.org/10.1007/s00787-019-01358-w>

Wells AE, Hunnikin LM, Ash DP, van Goozen SHM (2020) Improving emotion recognition is associated with subsequent mental health and well-being in children with severe behavioural problems. *Eur Child Adolesc Psychiatr*. <https://doi.org/10.1007/s00787-020-01652-y>

¹⁶ Goodman R (1997) The strengths and difficulties questionnaire: a research note. *J Child Psychol Psychiatr* 38:581–586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>

¹⁷ Dunn LM, Dunn LM, Whetton C, Pintilie D (1982) British picture vocabulary scale. London, UK: NFER-Nelson.



Topic: comparing educational outcomes of adopted children with looked-after children and pupils in general.

DfE data for 2020/21 show that children who were previously looked after but left care through adoption perform 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%). However, 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%).

10. Best R, Cameron C and Hill V (2021) 'Exploring the educational experiences of children and young people adopted from care: Using the voices of children and parents to inform practice', *Adoption & Fostering*, 45:4, pp.359-381

Topic: the educational experiences of adopted children.

Data were collected through interviews with 11 children adopted from care in England and Wales and a focus group with six adoptive parents. Findings were presented in a workshop with 20 Designated Teachers, who developed recommendations for practice. Adopted children were found to experience a range of social, emotional and mental health (SEMH) needs, which were frequently attributed in the narratives to early experiences. These needs included: 'emotional expression and regulation difficulties; feelings of worthlessness, rooted in perceptions that they were unwanted or rejected by birth parents; difficulties making sense of their adoptive identity; difficulties trusting others and forming and maintaining friendships with peers; experiences of bullying; diagnosed mental health conditions' (pp.372-373).

The research found that these enduring needs experienced by adopted children were often overlooked by schools. Participants' narratives of school experiences were dominated by difficulties and inadequate support. Five key themes were identified: inner turmoil; social disconnection; unsupportive school contexts; relational repair (the only positive theme, particularly related to the few adults adopted children had encountered in their school career whom they perceived as caring); and misperception and prejudice. The inadequate level of understanding and support of adopted children's needs demonstrated by schools, as reported by participants, was identified as fitting within a wider societal perception that adopted children will simply do well after adoption, in a sort of 'happy ever after' (p.373) narrative. Counter to this narrative, the paper makes the case for support to be offered beyond adoption, particularly for SEMH needs, in order to improve educational experiences.

Mental health, social and educational outcomes of adopted adults

1. Lehto K, Hägg S, Lu D, Karlsson R, Pedersen NL and Mosing MA (2019) 'Childhood adoption and mental health in adulthood: the role of gene-environment correlations and interactions in the UK Biobank', *Biological Psychiatry*, 87:1, pp.708-716

Topic: comparison of mental health problems of adults who had been adopted in childhood with a general population group and an exploration of genetic predisposition for mental health problems.

Lehto *et al* used data from the UK Biobank on 243,480 adults aged 39 to 73, including 3,151 who had been adopted in childhood. They applied linkage disequilibrium score regression



and polygenic risk scores for depressive symptoms, schizophrenia, neuroticism, and subjective well-being. They found that the adopted group fared worse in most of the mental health domains they explored, but also displayed higher genetic predisposition for mental health problems than the rest of the sample. This indicates that the association between family-related childhood adversity and mental health is complex and the result of both genetic and environmental factors.

2. Maughan B, Sehmi R, Rushton A and Grant M (2017) *The Long-Term Consequences of Infant Domestic Adoption (KID 41956): End of grant report*. Kings College London Institute of Psychiatry Psychology & Neuroscience.

Topic: comparison of early life and mid-life outcomes of adopted groups with population groups (e.g., educational and mental health outcomes).

Maughan *et al* used data from the 1958 and 1970 British birth cohorts (the National Child Development Study). The sample from 1958 included 180 individuals adopted as infants by non-relatives, and the sample from 1970 included 170. These adoptions were domestic and there were no known post-natal adversities. They used comparison groups of infants born to unmarried mothers who remained with their birth parents (n=363 and 901) and general population groups who grew up with married biological parents (n not detailed), but this paper only makes comparisons to the general population groups. In childhood and adolescence, the adopted groups' cognitive and educational outcomes were mostly similar or better than the general population groups. They displayed few indicators of emotional problems, but adopted boys had somewhat high levels of behaviour issues in one of the cohorts. A total of 50% to 70% of the groups provided data mid-life on educational achievements, relationships, socioeconomic situation, support, health-related behaviours, physical and mental health, cognition, well-being, alcohol issues, and crime. Outcomes for the adopted groups were mostly similar to the general population groups, for example, in educational achievements, mental health, help-seeking, and reported well-being, but this was not quantified in the article.

3. Rushton A, Maughan B, Grant M and Sehmi R (2020) 'Infant domestic adoptions followed up to adulthood: considerations with reference to British birth cohort data', *Adoption & Fostering*, 44:4, pp.334-348

Topic: mid-life comparison of adopted adults who were born to unmarried mothers, general population group and a comparison group born to unmarried mothers but not adopted (e.g. mental health and well-being outcomes).

Rushton *et al* carried out a mid-life (40 to 50 years) follow up of British birth cohorts from 1958 (17,416 babies born in one week in 1958) and 1970 (16,569 babies born in one week in 1970). They focused on children placed for adoption in infancy, in their birth country, and with no known post-natal adversity. The 1958 cohort included an adopted group of 180 who were born to unmarried mothers and were mostly placed with non-relatives, a comparison group of 363 who were born to unmarried mothers but were not adopted, and a general population group (n=14,361). The 1970 cohort included an adoption group of 166, a comparison group of 613 and a general population group (n=14,148). Rushton *et al* found that the adopted group was mostly doing well at mid-life in terms of mental health, well-being, life satisfaction and externalising outcomes, but results were not quantified in the article. They did not have worse outcomes than the general population group on the



majority of measures, for example, self-reported well-being and life satisfaction levels. The comparison group (born to and raised by unmarried mothers) were doing least well overall.

4. Teyhan A, Wijedasa D and Macleod J (2018) 'Adult psychosocial outcomes of men and women who were looked-after or adopted as children: prospective observational study', *British Medical Journal Open*, 8:1, pp.1-11

Topic: comparison of health and social outcomes of adults who had been adopted with adults who had been looked-after and general population adults.

In 1991 to 1992, the Avon Longitudinal Study of Parents and Children (ALSPAC) recruited women living in a specific area of Bristol, UK, who were pregnant at the time (n=14,541). They have been posted 'regular' questionnaires for themselves and their partner since then. This article is based on data from 8,775 women and 3,654 men who completed questionnaires during pregnancy and when the child was five years old. 2.4% of the men and 2.7% of the women in this sample had been adopted, and an additional 1.4% of the men and 1.8% of the women had been looked after. Generally, those who had been adopted or looked after reported poorer outcomes than those in the general population, but the looked after group reported worse outcomes than the adopted group.

For example, men and women who had been looked after were more likely to report financial difficulties than adopted men and women (29.2% vs 19.3%, 33.2% vs 20.1% respectively). During pregnancy, men and women who had been looked after were also more likely to report a poor social network (26.4% vs 14.1%, 26.3% vs 13.2%) and low social support (25.2% vs 8.7%, 22.5% vs 10.5%). Women who had been looked after were more likely to smoke regularly than adopted women (57.9% vs 40.3% pre-pregnancy, 52.9% vs 32.5% when the child was 5). Men and women who had been looked after were more likely to drink alcohol daily pre-pregnancy than adopted men and women (21.8% vs 11.4%, 9.6% vs 17%). When the child was five, looked after men were more likely to drink alcohol daily than adopted men (26.9% vs 19.4%), but adopted women were more likely to than looked after women (17% vs 11%). During pregnancy, 24.1% of men and 25.9% of women who had been looked after reported that they had had a mental health problem, compared to 12.4% and 15.5% of adopted men and women respectively. Men and women who had been looked after were more likely to report high depression scores during pregnancy (26.2% vs 12.3%, 24.3% vs 10.9%) and in the past year when their child was five (15% vs 8.2%, 38.8% vs 27.3%). From pregnancy up to the child being five, 23.1% men who had been looked after reported a criminal conviction, compared to 15% of adopted men.

Tayhan *et al* found that adjusting for socioeconomic position frequently reduced the effect of associations considerably for the looked after individuals but made less of a difference for the adopted individuals.

Variables associated with adopted children's outcomes

1. Neil E, Morciano M, Young J and Hartley L (2020) 'Exploring links between early adversities and later outcomes for children adopted from care: implications for planning post adoption support', *Developmental Child Welfare*, 2:1, pp.52-71

Topic: risk factors associated with adopted children's outcomes.

Neil *et al* collected survey data in 2016 to 2017 from 319 adoptive parents in one English



region. They found that adopted children's outcomes (the progress of their adoption and their adoptive parents' ratings of their physical, emotional, behavioural development and relationships progress) were influenced by multiple risk factors. These risk factors included heritable factors (such as parental learning disability), the pre-birth environment (such as exposure to substance misuse), the period between birth and their adoptive placement (such as more than a year in care), and the child's distress related to their transition from their foster to adoptive family. They found that being in care for under 12 months was the key factor. They found no significant difference for children who spent 12 to 24 months in care compared to children who were looked after for over 24 months. Greater maltreatment was associated with worse outcomes for children post-adoption.

2. Paine AL, Fahey K, Anthony RE and Shelton KH (2020) 'Early adversity predicts adoptees' enduring emotional and behavioural problems in childhood', *European Child & Adolescent Psychiatry*, 30:1, pp.721–732

Topic: pre-adoptive risk factors and mental health problems of adopted children.

Paine *et al*'s study used data from the Wales Adoption Cohort Study and focused on questionnaires completed by 96 families who had adopted a child in the period July 2014 to July 2015, 5, 21, 36 and 48 months post-placement. 81 (84%) completed a questionnaire at 21 months, 73 (76%) completed one at 36 months, and 68 (71%) completed one at 48 months post-placement. Information about children's pre-adoptive backgrounds was gathered through social worker records. Strength and Difficulties Questionnaires (SDQs)¹⁸ were completed by adoptive parents. Adopted children scored more highly than the general population in internalising and externalising problems and these scores remained consistent over time. More ACEs were associated with more internalising and externalising problems. After approximately 550 days in care, the effects of ACEs on externalising problems lost their significance, indicating a mitigating effect of time in care for children who have experienced ACEs. Children who spent longer in care had marginally greater prosocial behaviour scores.

Influence of sibling relationships on adoption outcomes

1. Selwyn J (2019) 'Sibling relationships in adoptive families that disrupted or were in crisis', *Research on Social Work Practice*, 29:2, pp.165-175

Topic: the influence of sibling relationships on adoption outcomes in the case of disruption or crisis.

Selwyn 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;¹⁹ Wijedasa and Selwyn, 2014²⁰). 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.

¹⁸ Goodman R (1997) The strengths and difficulties questionnaire: a research note. *J Child Psychol Psychiatr* 38:581–586.

¹⁹ Selwyn, J., Wijedasa, D., Meakings, S. (2014). [*Beyond the adoption order: Challenges, interventions and disruption.*](#)

²⁰ Wijedasa, D., Selwyn, J. (2014). [*Beyond the adoption order: An investigation of adoption disruption in Wales.*](#)



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 study found social workers to be focusing on the parent/child relationship and on avoiding adoption disruption at all costs, losing sight of the impact of the sibling relationship. The report suggests that in certain instances disruption can prevent harm, and in those instances the sibling relationship can be better supported by separate placements with planned contact.

While placements of siblings placed together were weakly statistically more likely to disrupt than those placed sequentially, the data suggest that it was not the way the placement had occurred that mattered, but the relationship between siblings: sequentially placed children were rarely a *parentified* child to an existing child in the family. *Parentification* refers to a role reversal in which the oldest child takes on a parenting role for their siblings, due to parents being physically and emotionally unavailable; it can have both positive and negative outcomes depending on a host of factors (see Jankowski, Hooper, Sandage and Hannah, 2013²¹). Selwyn recommends that assessments prior to placements pay more attention to sibling dynamics. None of the children had received any intervention to improve sibling relationships. The author recommends targeted interventions in this sense. 'Adoption is a powerful intervention but on its own cannot be expected to repair dysfunctional sibling relationships' (p.173).

²¹ Jankowski, P., Hooper, L. M., Sandage, S., & Hannah, N. J. (2013). 'Parentification and mental health symptoms: Mediator effects of perceived unfairness and differentiation of self', *Journal of Family Therapy*, 35: 43–46.



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