Towards a better understanding of the needs of children currently adopted from care: An analysis of placements 2003–2005

John Randall summarises the findings of an in-house study undertaken by Families for Children, a voluntary adoption agency based in the southwest of England. It took a consecutive sample of 103 children placed from care for adoption between 2003 and 2005, using Matching Needs and Services, a method designed for analysing need in child care populations and developing services best suited to meeting them. The study identified nine need groups of varying degrees of complexity and looked at the service responses to those identified needs. The children placed came from 41 local authorities ranging from nearby local authorities to the wider southwest, London and the southeast, the Midlands and the north of England. The sample offers a snapshot of the contemporary challenges presented by children placed for adoption from care.

Introduction: the scope and limitations of this study

There is a wealth of biographical evidence about the effects of early childhood experiences. Some children survive appalling histories and Gilligan (2001) has identified key factors that increase the chances of children in care being ‘survivors’. But it is equally the case that there is plenty of evidence of the impact on parenting capacity of cumulative disadvantage and loss. Families for Children targets its work on providing families for children placed from care. The children tend to be older with a range of special needs. Parker’s 1999 research summary (Department of Health, 1999) and Lowe and colleagues’ study (1999) summarise some of the known risk factors in adoption placements. These include: poor support; poor assessment and preparation; inadequate background information; problem behaviour; failures of attachment; contact difficulties; and adopters’ unrealistic expectations.

This study focused essentially on the needs of the children, analysing the risks that were known at the time of placement for adoption. Local authorities in the UK understandably seek to place most of the children needing adoption either within their own boundaries or with other local authority partners. This is because placements with a voluntary adoption agency carry a cost premium. Children placed for adoption in the voluntary sector, therefore, tend to have greater and more complex needs.

Families for Children, like other voluntary adoption agencies, is dependent on funding from the local authorities that purchase its services. While a proportion of that income is nominally devoted to continuing adoption support, there is always a funding gap between the level of income received from local authorities and the costs of what we provide. This is simply to say that while we are committed to seeking continued improvements to what we do and how we do it, these have to be seen against the backdrop of the inevitable financial constraints.

Aims and objectives

The overall aim of the study was to establish a firmer evidence base for our adoption practice. Specifically we wanted to:

- identify the needs of the children at the point of placement for adoption;
- understand better the range of those needs from the relatively simple to the more complex;
- review what we were already providing in response to those needs;
- identify gaps in our adoption support services;
- produce practical ideas about how we might improve those services.

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Method

The Matching Needs and Services (MNS) methodology was developed by the Dartington Social Research Unit in the mid-1990s to help agencies have a better grasp of the child care needs that they were meant to be meeting (Dartington Social Research Unit, 2001). There was much criticism after the implementation of the Children Act 1989 that services had grown up historically without any prior analysis of needs. The legislation provided a new focus on the concept of ‘children in need’ and MNS was designed as a strategic tool to help managers to create a profile of need in their local area. MNS is the early part of a package of practice tools designed to produce evidence-based, needs-led services that have now been applied in England and in other countries with many different samples (more details available from www.dartington-i.org.uk).

The principles of the method are that:

• the sample is composed of children at a key decision point, eg at referral or at time of placement;
• there is an attempt to look at the whole child – his or her living situation, social relationships, social/anti-social behaviour, physical/psychological health, education;
• the focus is on needs and not the services that children may be receiving;
• there is an attempt to take a longer-term view about how children’s needs may develop over time;
• what is sought are need groups – children displaying clusters of similar needs – not case types;
• wherever possible, service-user perspectives are incorporated.

The MNS methodology was used to provide data on the needs of the children, the services that they received to meet those needs and the outcomes of interventions up to the point of scrutiny. To do this, the files on every child were analysed in a way that allowed the needs of the child and family to be identified in the five areas of their lives outlined above. The data were recorded on a specially prepared form that incorporated not only general background characteristics and experiences but also risk factors affecting adopted children highlighted in previous research studies. Further information was collected on the services that they and their new families received and on the children’s progress and development.

The process

The agency embarked on the study as part of a review of our adoption support services. Families for Children in its current form dates from 1993 when two formerly separate voluntary adoption agencies were brought together. Since then, more than 450 children have been placed for adoption and the needs of such children have grown more complex. We needed evidence of what those needs are so that any potential changes to adoption support services can be soundly based.

The first task was to identify the sample. The study looked at the number of adoption placements made through our agency in recent years. We decided to focus on the 103 children placed for adoption in the period 2003–2005 because that gave us a reasonable number of children from which to identify groups with similar needs and because it allowed for a short period of follow-up. We established a master list so that we could identify which files had to be retrieved from our archive and which were still active cases. We prepared our data-gathering instrument referred to above.

The core of the work was a small group process. A mix of practitioners and trustees – all qualified and experienced social workers – spent two days extracting the information from the files and transferring it to the data collection form. A further three days were spent identifying the different need groups. This was undertaken in two stages: first, to read all the forms together and agree on the clusters of need that best
explained the range of factors recorded; and then reading the forms again and refining the groups so that there was greater confidence that they made sense and were a true reflection of the data. A further half-day was then spent looking at the service implications after a summary of the service responses had been prepared. The service response part of the study unquestionably needs further development. The five-and-a-half days were spread over about seven weeks to minimise the impact on day-to-day work.

Risk and protective factors affecting adoption
Rutter (1998) described some of the 'pathways from childhood to adult life'. He, for example, traced the links between poor schooling and poor job success; between breakdown in parenting in one generation leading to increased chances of parenting breakdown in the next; between difficult behaviour in childhood and lack of control in adult life; and between unplanned separation from parents in childhood and depression in adult life. Rutter has also written elsewhere (1998) of the wider task of making effective connections between research and practice. Bifulco (1998) focused on the links between women's experience of neglect and abuse in childhood, their later depression and the impact on their parenting capacity. If more detailed work could be done on some of the birth parents of the children in this sample, it is highly probable that there would be much to reinforce the evidence presented by these researchers. This is not to claim, of course, that given a particular set of childhood experiences, specific outcomes necessarily follow. Research cannot offer that predictive certainty. But it can help identify those groups of children who are likely to be far more vulnerable to adverse consequences as they grow up.

Rutter and Sroufe (2000) refer to 'chains of effects', the links between individual predisposition, genetic vulnerability and early adverse experiences – exposure to abuse, neglect, violence between parents, parental misuse of drink and drugs, the impact of parental ill health or disability – and the unintended consequences of trying to intervene. Adoption seeks to make an impact, first, in relation to the significant harm that children have suffered or are likely to suffer in the birth family and, second, in relation to the known outcomes of staying long term in care. Adoption can be seen as one of the most radical attempts to break those two chains of effects.

Adoption too has its own risks. Not all placements are successful. As will be seen below, the disruption rate in this sample is very low. Some comparisons can be made with other published studies but it is often difficult to be sure that like is being compared with like. Lowe and colleagues (1999) refer to the lack of official statistics and quote from a 1991 study where the average disruption rate was 20 per cent rising to 40 per cent for older children. Parker in his review published for the Department of Health (1999) urged caution in making comparisons between disparate samples. Later Selwyn (2006) makes the same point. It seems remarkable that, given the campaign in recent years to increase the number of children placed for adoption from care in the UK, there is no regular and consistent national measure of disruptions. Parker, nevertheless, identified three child-related predictors for increased placement instability – age at placement for adoption, behaviour difficulties and early experience of abuse and neglect. To those, Quinton (1998) added as a predictive factor children who had been rejected by their birth parents.

While practitioners worry about the chances of disruption and do whatever they can in support, the fact that a placement continues is no guarantee of its quality. When is it reasonable to talk about outcomes in adoption? At best, the outcomes in this sample can only be viewed as short term. To assess the success of these children against the five markers of Every Child Matters –
be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being – would require a much longer timescale. This study concentrates on the first steps along the road.

**Characteristics of the children at the point of placement for adoption**

**Gender and ages**
The gender split was slightly weighted to the boys: 57 boys; 46 girls. The ages of children placed ranged from ten under one to two aged ten. While 60 per cent were aged one to four, 32 per cent were between five and nine at the time of placement.

**Ethnicity, religion and legal status**
Nine out of the 103 children came from mixed heritage backgrounds; the rest, apart from two where ethnicity was not recorded, were white British. Religion was a category that was poorly recorded in the files examined. The parent of the one child in the sample who had a Muslim background specifically asked that her child should not be placed with a Muslim family. Virtually all of our sample – 97 out of 103 – were placed for adoption after intervention by the courts. In recent years there have been attempts to reduce the number of changes of placement for children in care. Nevertheless, 36 of the children in this study had had four or more moves prior to their placement for adoption.

**Siblings**
Fifty-six out of the 103 had a sibling in their adoptive placement. Sixty-two children had a sibling placed elsewhere and some had both. Sibling placements thus account for more than half of our sample. The placing together can be a protective factor as well as a potential additional risk, where the needs of one child are so great that they overwhelm the needs of the other, or where an older child finds it very hard to relinquish previous ‘parenting responsibilities’ for a younger sibling.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Why children could not return</th>
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<tr>
<td>Poor parenting capacity/lifestyle</td>
<td>49</td>
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<td>Parental drugs misuse</td>
<td>32</td>
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<td>Parental alcohol misuse</td>
<td>27</td>
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<td>Parental mental health</td>
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<td>Domestic violence</td>
<td>26</td>
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<td>Inability to protect</td>
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<td>Parental learning difficulty</td>
<td>17</td>
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<td>Neglect</td>
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<td>Abuse</td>
<td>9</td>
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<td>Death of parent</td>
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<td>Parent in prison</td>
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<td>Rejection</td>
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<td>Relinquished child</td>
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*Note: Many children had more than one key issue so the following figures inevitably simplify situations of varying complexity. Thirty-seven had three or more key issues noted.*

These categories obviously overlap so it must not be concluded that only 29 children were abused or neglected. In addition to the six parental deaths referred to above, six children had lost a sibling.

**Disruptions**
Any placement breakdown following histories such as those indicated above included above do not take account of other siblings in the adopted home, namely birth children of the adopters or previously non-related adopted children.

**Where children came from**
Children placed came from 41 local authorities: 15 from the three counties covered by Families for Children; 31 from the wider southwest; 11 from London boroughs; 11 from the south-east; 14 from the midlands; and 21 from northern authorities.

**Key issues: why children could not return**
The main reasons why these children could not return to their birth families and why placing authorities chose adoption for these children are shown in Table 1.
is to be regretted. There were four disruptions out of the sample of 103 before the making of the adoption order and two other subsequent disruptions.

**Sexual abuse**

It was striking how infrequently child sexual abuse emerged as a specific issue – five cases. Given the list of key issues recorded above about why these children could not return to their birth family, the potential for exposure to inappropriate sexual behaviour must be very high even when no specific record of sexual abuse was found.

**Identifying groups of children with similar needs**

These analyses of children’s needs are based on information provided by the placing social workers from the local authorities, raising questions about: (1) how well they knew these children; (2) how well they recorded what they knew; (3) how much have they filtered out; (4) what other key factors were not known at the time of placement but have emerged since; and (5) how effective we have been in extracting the data from the files that we have available. Some of the implicit predictions by allocating children to different need groups will, therefore, turn out to be questionable or even wrong. That is not surprising. What is claimed is that this explicit clustering of need and risk offers a better and more transparent basis on which to build future practice, as service planning requires more than a simple accumulation of individual cases.

It also needs to be acknowledged that this focus on the needs and risks posed by the children at the point of placement for adoption leaves aside factors in the adoptive household that will affect the chances of a successful adoption. For example, it is known from the work on adult attachment (eg Bifulco et al, 2008) that the attachment history of the adopters is an important indicator of parenting capacity. The presence of other children in the adoptive family – either birth children or those previously adopted – is a complicating factor (Department of Health, 1999). The parenting style of the adopters is another known key variable. This small study has nothing to say about these. What is presented here can only be part of a larger jigsaw. The pieces in this study focus on the children placed. The evidence is a stark reminder of the enormity of what our adopters and, of course, the many other adopters up and down the country, are prepared to take on and, as a consequence, of what we in Families for Children have a responsibility to support.

When the needs of the 103 children were analysed, it was found that they clustered into nine groups based on a similar combination of needs. These will now be discussed in turn. All children have common needs, although how they are met will vary according to their cultural contexts. As a group of practitioners, we drew on our combined years of practice experience to try to identify what extra needs were likely to be significant for each group. We took as our starting point Winnicott’s phrase, the ‘good enough mother’ (1982). There is no claim that the service responses that we have indicated are approaches rigorously tested by research; as far as I am aware that work has simply not been done. But our practice responses are based on our understanding of the known need and risk factors that have to be addressed. This does not mean, of course, that every individual within each need group had identical needs but the needs listed for each group are intended as pointers to what may have to be considered in any plan for an individual child.

1. **Apparently straightforward needs and low level of non-specific risks: age range 0–2 (17)**

*Example:* Girl of nine months at adoption placement; placed with foster carer at one day; happy child in foster care; meeting all milestones; alert and inquisitive.

What will these children need above the
normal requirements of ‘good enough’ parenting?

(i) life story work to help with establishing identity
(ii) transfer of attachment from previous carers
(iii) appropriate response to contact according to individual needs

‘Apparently straightforward’ children sometimes have needs that have not been properly identified or communicated or simply emerge at a later date. Within this group were two children with significant special needs that were not disclosed prior to placement for adoption. We chose to include them in this group to reflect what was known at the time they were placed.

2. No major current issues but identified genetic vulnerability; significant mental illness: age range 1–5 (4)

*Example:* Boy of three years at adoption placement; enjoying his foster family; attached to foster carers; no behaviour difficulties; excellent health; birth father diagnosed with schizophrenia; birth mother, personality disorder/bipolar; maternal grandmother, schizophrenia.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) adopters with an understanding of what may arise and ability to cope with possible mental illness
(ii) adopters with extra staying power
(iii) adopters able to handle uncertainty
(iv) parental vigilance
(v) life story work to help with establishing identity
(vi) the capacity to parent beyond childhood
(vii) the ability to work with other services
(viii) appropriate response to contact according to individual needs
(ix) ability to advise child about the potential issues for their own future parenting

3. No major current issues but potential for future problems arising from parental alcohol and drug misuse: age range 0–7 (8)

*Example:* One of two boy twins aged one at adoption placement; placed in foster care at seven days; sociable little boy; birth mother has learning disability; alcohol misuse including during pregnancy; chaotic lifestyle; birth father convicted of abuse of older child.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) life story work to help with establishing identity
(ii) transfer of attachment from previous carers
(iii) appropriate response to contact according to individual needs
(iv) appropriate monitoring of health, education and general development
(v) ability to work with other services
(vi) adopters with lots of energy and stamina
(vii) adopters able to handle uncertainty

4. Less complex special needs: age range 0–2 (4)

*Example:* Boy of nine months at adoption placement; Down’s Syndrome; poorly baby but smiling now; placed with adopters who already have two school-age children with Down’s; hole in the heart.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) adopters with the capacity to acquire specialist knowledge and skills
(ii) adopters with realistic expectations
(iii) access to financial support
(iv) access to respite care
(v) access to specialist equipment
(vi) ability to work with other services

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(vii) life story work adapted to child’s level of understanding
(viii) willingness to parent into adulthood
(ix) ability to cope with and challenge discrimination
(x) ability to develop living skills and foster independence

5. Complex special needs of genetic/organic origin: age range 3–5 (4)
Example: Girl of five years at adoption placement; global developmental delay; little or no speech; diagnosed as autistic; some inappropriate sexualised behaviour.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) adopters with the capacity to acquire specialist knowledge and skills
(ii) adopters able to offer a high level of stimulation
(iii) adopters able to offer a high level of supervision
(iv) adopters willing to accept uncertainty
(v) adopters with strong support networks
(vi) adopters with energy and staying power
(vii) adopters with realistic expectations
(viii) access to financial support
(ix) access to specialist equipment
(x) access to respite care
(xi) willingness to parent into adulthood
(xii) ability to work with other services

6. Need to recover from the impact of early chaos/multiple moves: age range 1–7 (18)
Example: Girl of four at adoption placement; six placements prior to adoption; background of domestic violence; birth mother self-harming; birth father alcohol misuse; insecure/anxious child; challenging behaviour; does not trust adults; eczema.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) attachment to parents who are able to cope with reduced level of rewards
(ii) therapeutic parenting
(iii) consistency, stability, predictability
(iv) adopters with lots of energy and stamina
(v) parents able to work with other services
(vi) support at points of transition
(vii) help to get in touch with feelings
(viii) help with gaining sense of self-worth
(ix) safe contact that is appropriate to individual needs
(x) the possibility of therapy

7. Need to recover from the impact of early loss/trauma: age range 1–10 (14)
Example: Boy of six at adoption placement; physically and emotionally neglected for first five years in birth family; death of sibling; birth parents with very low parenting capacity; developmental delay; difficult behaviour; wanders off; poor speech and language.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) adopters who understand the mourning process
(ii) adopters who are able to understand ‘bad behaviour’ in the context of child’s history
(iii) adopters with extra staying power
(iv) parents able to work with other services
(v) school that is able to understand ‘bad behaviour’ in the context of child’s history
(vi) support for parents in dealing with school
(vii) the possibility of therapy
(viii) adults who are able to provide safety, care and respect
8. Core attachment needs – assessed middle range risks: age range 2–9 (12)

Example: Girl aged six at adoption placement; four previous placements; birth mother had unresolved issues from own childhood; unable to prioritise girl's needs; girl found it hard to settle in foster care; excellent care in foster home; doing well at school; bright child; mothers her sibling.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) attachment to parents who are able to cope with reduced level of rewards;
(ii) therapeutic parenting
(iii) consistency, stability, predictability
(iv) adopters with extra staying power
(v) parents able to work with other services
(vi) support at points of transition
(vii) help to get in touch with feelings
(viii) help to be a child again
(ix) help with gaining sense of self-worth
(x) life story work to establish identity
(xi) safe contact that is appropriate to individual needs

9. Complex, extremely high risk: age range 1–10 (22)

Example: Boy of eight at adoption placement; five previous placements; birth mother died while he was in care; previously she had drug and alcohol dependency; history of neglect; witnessed violence from step-father; feels responsible for mother's death; challenging behaviour.

What will these children need above the normal requirements of ‘good enough’ parenting?

(i) attachment to parents who are able to cope with reduced level of rewards over long periods of time
(ii) parents with secure attachment history of their own
(iii) parents with energy and staying power
(iv) therapeutic parenting
(v) parents with an understanding of the enormity of these children’s needs
(vi) parents who can understand behaviour in the light of the child’s history
(vii) school that can understand behaviour and attainment levels in the light of child’s history
(viii) consistency, stability, predictability
(ix) help to get in touch with feelings
(x) life story work to establish identity and sense of self-worth
(xi) access to CAMHS and ‘therapy’
(xii) parents able to work with other services
(xiii) safe contact that is appropriate to individual needs

The significance of attachment issues in all groups

In all of the nine groups, attachment needs have been noted, from the apparently relatively straightforward to the extremely complex. However, there is a danger that in focusing on attachment, the identification of other needs may have been missed. Attachment is not a total explanation of our children’s problems although it is a core issue for many. Prior and Glaser, authors of a recent review of the research evidence (2006), argue against the use of the term ‘attachment disorder’ because, in their view, the symptoms do not make up a distinct, unambiguous disorder. Referring to attachment disorder in this way also runs the risk of raising false expectations. They emphasise that the formation of attachment is a process, not an event. The process is gradual and cannot be accelerated. There is no current firm evidence for the effectiveness of ‘attachment therapy’ although there are pointers to promising approaches (Becker-Weidman and Hughes, 2008). The issues are complex and not likely to be addressed by any available ‘package’. Prior and Glaser write about focusing
on the basics in the hope that secure attachment will develop over time. Nevertheless, some children will remain very troubled. Adopters need to be prepared for that and need to be supported when sometimes they feel they have ‘failed’.

Service implications of the findings
It will be seen from the need groups that there is considerable overlap in what is envisaged as the necessary service responses. Adoption support services form a continuum, with the apparently straightforward needs requiring less than the far more complex ones, as indicated in our analysis. Our family-finding social workers are the foundation of all our adoption support. They take prospective adopters through the assessment and approval process, to searching for a child whose needs they could meet, through to introductions, placement and post-placement support. All of the placements in our sample received help in this way, some for relatively short periods, others for much longer.

The main other resources identified can be separated into internal and external services. Within Families for Children, post-adoption social workers had been involved with the families of 32 children in the sample. Life story work had been undertaken with 26 and contact work involved 16 (we thought this a low figure). Adopters of six were involved in support groups and four children had gone on an activity-based holiday. Outside the agency 13 children received extra help in school, 14 attracted specialist health resources, ten were helped by Child and Adolescent Mental Health Services (CAMHS), five received speech and language support and four Portage services. In addition, a further 16 had received therapeutic support from other local services. Some of the children, including several with more complex needs, receive very little service from the agency. For a proportion of the sample we have little current information but have to assume that if things were going badly we would have heard.

Our sample is young in placement. The longest period since placement for adoption is five years, so we can anticipate that some of these children have needs that will emerge later – sometimes much later. These costs are essentially incalculable; we cannot be certain about who, where, when and for how long but we know that they are there. Selwyn et al (2006) provides information on the financial costs likely to fall on adopters of older children. Financial costs will also accrue for health and local authorities; for example, in relation to learning support in school, medical or psychological assessment, therapy or residential education. But many of the potential costs are hidden, namely the emotional and physical wear and tear on parents that defy easy arithmetic. The need groups are our best clue to where these costs are likely to fall but the tool is inevitably imprecise.

Nevertheless, the data provide a preliminary outline of the service workload of Families for Children and the areas on which the agency focuses. The agency needs to ask itself not only what more it can do but also whether there is work that it should stop doing, either because someone else should be doing it or because there is little evidence that we are being effective. Our findings also provide an overview of services provided by other agencies. We have some excellent examples of partnerships with other service providers. Equally there are some schools, CAMHS and other health and education providers where we struggle to work effectively together. Our adopters carry the biggest load every day, year by year. Our job is to

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1 Portage is a home-visiting educational service for pre-school children with additional support needs and their families. The first such scheme was developed in Portage, Wisconsin, USA in the early 1970s to meet the needs of the young children living in rural communities. There are now 140 services registered with the National Portage Association in Britain (see www.portage.org.uk).
stand alongside and identify extra allies for them. These allies may need to change over time in response to different stages of development and different presenting needs.

The scrutiny of 103 files provided a sharp reminder of the variable quality of information made available to adoption agencies by placing authorities. Some of it is of high quality but some is poor and sketchy. Inadequate background information has a specific section in Lowe et al’s Supporting Adoption (1999). It is identified as one of the contributors to potential disruptions. This is not a new issue but one that continues to dog child care practice. The documentation may change its format and increase in sophistication but familiar questions remain. How well does the placing social worker know this child? How well does the child placement report actually present the child’s needs rather than simply transpose information designed for a different audience and with a different purpose? Do we have an accurate picture of the quality of parenting while the child has been in care? How committed is the placing agency to fund the adoption support needs that have been identified? These issues can lead to understandable anger when adopters believe that they have been duped. They can also lead to significant extra costs for the adoption agency when it seeks to fill the gaps.

Moving forward
Families for Children seeks to support adopters from the start of the process through high-quality assessment, preparation and training, accurate information about the likely risks that they are undertaking, to matching, introductions and placement of children. After placement we are committed to responding to needs as they arise over time. For that we rely on a well-managed staff team with a wealth of varied post-qualifying experience. But it is obvious that we cannot respond to the range of needs identified here without also looking to other partners in education, health, social care and wherever else they can be found. Winnicott (1982) spoke of the importance of the holding environment. That essentially is what the agency endeavours to provide in our adoption support.

To enhance what we do in response to the findings of the study we see these as our next priorities:

1. A first priority is to try to close the information gaps prior to placement by having routine access to the guardian’s report, to all medical information about the child, to any other specialist report prepared in relation to the child, eg educational psychologist, speech therapist, etc, to the child’s core assessment, and to information about the quality of care while the child was being looked after. The financial costs of seeking out this information after the placement can be significant. The geographical spread of our placing authorities is an obvious factor with the potential travel and accommodation costs involved. More difficult to calculate are the consequences for adopters and children who have made their decisions in good faith but based on incomplete information.

2. The responsibility for funding adoption support moves from the placing authority three years after the adoption order. Is it too much to expect as standard practice that placing authorities and the authorities in which the child now lives will review adoption support needs and agree how they are to be funded before that key transition point? This is a nettle that needs to be grasped nationally.

3. Life story work will need to be adapted and developed to meet the changing needs of children as they grow up and our workers will continue to do that. But it would help if the initial life story were completed by the placing social worker in every case so that we have a consistent baseline.

4. Partnerships with schools are variable. We already have a leaflet prepared by colleagues that we use with individual schools to help them anticipate some
of the issues that are likely to emerge. We are examining other ways in which we can improve our understanding of each other. Because our agency covers three geographical counties and seven local authorities, this poses a major challenge. One potential bridge is SEAL, the central government initiative that focuses on the social and emotional aspects of learning (www.standards.dfes.gov.uk/primary/publications/banda/seal/).

5. We have recently been discussing expanding our training opportunities for adopters both before and after placement. This will make more demands on everyone. But the evidence from this study confirms the complexity of the contemporary adoption challenges to which we need to respond. One specific initiative is the introduction of a parenting programme based on Webster-Stratton's The Incredible Years, the package extensively quoted in research literature (Lloyd, 1999).

6. Overall, we thought we should have another attempt at defining clearer boundaries between our core services – what is within our professional competence and financial capability – and what will need to be purchased over and above.

7. More narrowly, one could consider a future follow-up of our sample. In a few years time, what will have happened to the young people in our most complex high-risk group? Or to those where there is no current major issue but factors indicate potential future difficulties? What will have happened to the children in the apparently straightforward need group?

Conclusions
Our objectives at the beginning were to:

• identify the needs of the children in our sample at the point of placement for adoption;

• identify gaps in our adoption support services; and

• review what we were already providing in response to those needs;

• produce practical ideas about how we might improve them.

We were more successful in meeting the first two objectives. The service implications undoubtedly need further work, as this was clearly the part of the study to which we gave the least time.

There were also some surprises. For example, the relative rarity of specific references to child sexual abuse in the pre-placement documentation was a feature, though we recognise that this aspect of a child's early history often emerges much later. The low figure for work in relation to contact – 16 out of the 103 – obscures the complexity of much of this work. The low disruption figure is very encouraging but needs to be seen in the light of the short timescale of the follow-up. Practitioners and trustees rarely have the opportunity to gain the wider picture of the agency workload and certainly this project helped to fill that gap.

This study has been a practical exercise in connecting a tool derived from research with the work that we do each day. We already have an adoption support policy that is 'forever', responding to the needs of our families as best we can whenever they arise. To make that policy a reality we rely on all staff within the agency and on some key local partners that enhance what we have to offer through their knowledge, expertise and continued generosity.

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