Abstract

Attitudes and practice in adoption are changing and increasing public attention has given rise to very polarised opinions. Voices have been raised in opposition to adoption on the grounds that more effort should be put into family preservation rather than separating children from their origins. Many professionals and academics regard adoption practice as outmoded and in need of radical overhaul.

This paper presents arguments for and against adoption then examines eight key questions concerning contemporary adoption with reference to the available research evidence. The paper argues that changes being championed as advances in child welfare practice need to be systematically investigated to prevent premature conclusions being drawn about the best options.

The paper concludes that the value of adoption as a placement choice needs to be reaffirmed and its benefits fully recognised. In cases where adoption is considered advisable, suitable parents need to be found through energetic recruiting and then prepared for the task of parenting a particular child. There should then be no unnecessary delay in making the placement. Where more complex arrangements are indicated, particularly when contact with the birth family is to be maintained, such new developments must be met with more extensive adoption support. Accessible psycho-social help may be needed when problems persist. It is imperative that children who cannot live with their own parents are rapidly found alternative placements so that they can resume ordinary family life.
Past and present in adoption

Social historians recognise that adoption is an ancient and universal practice in which unwanted, abandoned, orphaned and maltreated children are brought up by adults other than their parents. In different cultures, and at other points in history, children without birth relatives may have been transferred to the general care of the local community, whereas in Western countries, children are traditionally transferred to a single set of alternative parents. The study of adoption from Greek and Roman times to the present shows that it is a changing institution which has passed through different but identifiable phases (see Triseliotis, Shireman and Hundleby, 1997). The modern form of adoption involves legal formality, having the effect of transposing the new family’s rights and responsibilities into a replica of the biological family. The increase in the extent of professional regulation and intervention in the placement process is a relatively recent development, and what was once a rather private transaction has become more public, and also more contentious. It is social workers who largely hold responsibility for arranging placements although child psychiatrists, psychologist, psychotherapists, teachers and members of the legal profession all play important roles.

A working definition of adoption

Adoption involves the relinquishment of a child by the birth parent/s and the unimpeachable transfer of parental rights to the new parent/s

Adoption policy and practice have been affected over the past few decades by changing social attitudes towards children and families, by greater state involvement in family life and by expansion of the role of child welfare professionals. No doubt adoption will continue to change as the society in which it takes place changes. This paper will identify the most important issues in relation to modern adoption and question the quality of evidence that can be called upon in an attempt to settle the arguments.
Some facts about adoption

- There were about 53,000 children looked after by local authorities in England and Wales in 1998

- Of all the children ‘looked after’ by the local authority, only a minority (perhaps 1 in 8) need permanent substitute family care (adoption or permanent fostering)

- The total number of adoptions has declined dramatically from a peak of over 24,000 a year in the 1960s to the most recent figure of just over 7,000 a year

- About half of these are ‘step parent adoptions’

- About 2,000 children each year are placed from local authority care for adoption

- Most of these are now ‘special needs’ rather than infant placements

Relative and non-relative adoptions

This paper will be concerned almost entirely with non-relative adoption but some forms of adoption simply give legal security to children who are already living permanently in a family, for example, when, in a newly constructed family, one member adopts the partner’s child or children. No more will be said here about these ‘step-parent adoptions’, apart from recognising that they now account for about half the total number and that they serve the purpose of cementing the new relationship.

The dramatic fall in the total number of adoptions since the 1960s is mainly due to the reduction in the availability for adoption of healthy infants, who now remain with their birth mothers. The group that is now of most concern is those with ‘special needs’, that is those who are older, abused, disabled, from ethnic minority and mixed heritage origins and from sibling groups. Although not very large, this group of children needing permanent placement is a major concern of local authorities. The lack of detailed national statistics has made it hard to estimate how many of these children are placed permanently each year and how many children are waiting for permanent family placement or, indeed, where there is indecision, delay or false starts.
in making a clear plan for permanence. Better quality returns from local authorities are needed to gain a sharper picture of entrances into the care system and exits into a range of options including return home, placement with relatives and into foster, residential or adoptive homes (Ivaldi, 1998).

Traditional adoption largely involved infertile couples (usually white and middle class) seeking to create a family by taking in a healthy infant who could not be looked after by his/her own parents and with whom contact would be severed. This arrangement was largely viewed sympathetically by the public and was only rarely newsworthy. The shift that then occurred from infant to ‘special needs’ placements is one of the main factors changing the face of adoption. But why has placement policy become a focus for fierce ideological conflict? What are the key area of disagreement? The main arguments for and against adoption will now be presented.

THE CASE FOR ADOPTION AS A PLACEMENT OPTION

- children need love and security which is best provided by a carefully recruited and assessed permanent, legally validated, alternative family

- only with the legal certainty of adoption does the child feel emotionally secure, fully identified as a family member and not stigmatised as a ‘fostered’ child might feel

- in some cases the ‘clean break’ possible via adoption is desirable because continuing contact with birth parents may not be in every child’s best interests.

- an adoptive family remains a family beyond childhood whereas foster families may not have the same continuing ties

- adoption is largely successful for the placed children - both for infants and even those with very challenging special needs

- adoption is largely successful for the new families and even some relinquishing birth parents may consider it the best solution
These views are allied to the idea that the adoptive family is a form of family life that is just as ‘natural’ as any other and provides a ‘fresh start’ or ‘second chance’ for the child with an unfortunate beginning in life. Since the 1970s arguments against adoption, or aspects of adoption, have emerged and become persuasive.

**THE CASE AGAINST ADOPTION**

- maintenance at home would be a preferable solution and loss of children to adoption would not be necessary if well resourced and effective family support were to be provided

- the atmosphere of secrecy and anonymity that accompanies traditional adoption is outmoded and undesirable for children and their birth parents and needs to be replaced by arrangements that favour ‘openness’

- there is a danger that premature decisions are taken to remove children from home and secure an adoption against the birth parents’ wishes

- in adoption practice, birth parents are frequently relegated to the margins and need to be more empowered and involved in ‘the adoption triangle’

- adoption often involves transferring children across class, race, religious and geographical boundaries. Insufficient understanding and respect has been shown for the need for continuity and preservation of the child’s birth heritage

- adoption leads too frequently to the breaking up of sibling groups and severing contact between siblings

- adoption can be a way of getting a child ‘off the books’ of local authorities rather than putting the needs of the children first

- adoption can lead to a withdrawal of services from children with difficulties

- the legalisation and professionalisation attached to adoption has resulted in a reduction of the capacity of communities to make their own arrangements

This mounting critique against adoption constitutes a considerable assault on its character and practice. The arguments are, however, of different kinds: some are about matters of principle like giving priority to family preservation, some are concerns about poor child welfare practice and some about professional and financial factors
that are alleged to drive adoption. Are these sound objections or has there been a growth of ‘prejudice’ against adoption?

**The dilemma over placement choice**

Whether a child should be removed from home and placed elsewhere is indeed a complex question. There should be no pretence that a decision in such circumstances is easy to make. The judgement is rarely clear cut and more likely to be a selection of the best option, having balanced the consequences of return home with a number of other placement possibilities. Two scenarios clearly need to be avoided: leaving children at home exposed to circumstances antagonistic to their health, safety and development and, alternatively, taking them into ‘care’ where this promise of care may not then be delivered. Indecision may prevail, multiple placements and more broken attachments may follow, educational and health problems may go unattended and sometimes, most unfortunately, children are subjected to further abuse.

On occasion, there may be over hasty decisions to arrange permanent substitute care. Such errors fuel the argument that social workers are over intrusive and act against the interests of birth families by removing children and reducing the likelihood of their return home. On the other hand, hesitancy and delay in removing a child from home in the hope of family improvement may expose the child to abusive, rejecting or neglectful parenting over long periods. Social workers are required to steer a course between being sufficiently decisive in order to protect children from harm, and being less zealous in interfering in family life.

Support for adoption as a placement adoption must come with caveats. There must be safeguards to prevent consent to adoption being given under duress or without proper consideration of whether the process of relinquishment is understood. Adoption should not mean abrupt denial of birth parents’ rights or indifference to their need for support. Children’s wishes must be listened to and taken into account. Furthermore,
taking the adoption route must not add unnecessary delays and further complications which prolong the child’s insecurity.

**REVIEW OF THE EVIDENCE**

How are these disputes about placement choices to be settled? Many of the questions which divide both professional and public opinion cannot be resolved by a simplistic appeal to research evidence alone because they are essentially value or political questions. One observer has labelled the opposing camps ‘kinship defenders’ and ‘society-as-parent protagonists’ (Fox Harding, 1991). On the other hand it is not all a question of values. Some of the propositions can be tested to see whether different effects follow from different choices. The following eight key questions will be addressed and the research evidence evaluated to see what can reasonably be concluded.

1. **Can birth families be provided with effective support that will prevent the child’s removal from home?**

Keeping children at home with well functioning families clearly heads the hierarchy of options. If ‘preventative services’ can set families back on the path from which they were diverted, and ensure the well-being of the child, they can then be left alone by the child welfare agencies to get on with their lives and obviate the need for alternative care - but is this always realistic?

Some of the experimental programmes set up to help families have offered help like material, psychological and social support, shared care and respite care, parenting skills training and family based therapies. How consistent is the optimism that abusing and neglectful families can be helped with the emerging evidence from properly controlled evaluations? Gough’s comprehensive research review (1993) examined which of these services could be shown empirically to promote the welfare of children. Unfortunately, or perhaps unsurprisingly given the newness of applying an
evaluative approach in this field, he concluded that the existing research was often too often flawed in design to permit firm conclusions. However, he found that there was little evidence that routine child protection services improved outcomes for children although more focussed and specialist interventions provided more encouraging results.

A form of community-wide preventive intervention has often been advanced in preference to targeting high risk groups. The ‘Newpin’ initiative was designed to raise the quality of child care via a network of befrienders and the evaluation that was undertaken claims to have shown a reduction in problems of self-esteem, depression and social isolation in the parents (Cox, Puckering, Pound, Mills and Owen, 1990). However, parenting quality changed less than expected and the results of this programme and similar attempts have to be read with attention to the population of subjects willing to enter the programme (selection bias) and to the high drop-out rate.

The safest conclusion to draw, based on the most carefully designed research, is that modest benefits have been shown to accrue to the experimental over comparison groups. It is likely to take sustained effort by experienced practitioners using evidence based programmes to prevent parenting breakdown and the level of functioning of the primary caretaker is usually a stronger predictor of outcome than the intervention.

Well intentioned efforts to support children in their home environment have often resulted in extended child care careers with many attempts at family rehabilitation and frequent re-admissions to care (Thorpe, 1987). Many families whose children enter care are struggling with problems of poverty, stress and sudden crises. However it is likely that children who remain in indeterminate care for lengthy periods are from very different families with more severe psychopathology, substance misuse or unwillingness to accept services (Isaac, Minty and Morrison, 1986). Early recognition of these hard-to-return-home children is vital. Many of these children should surely have had the opportunity of living in a new family much sooner and it is reasonable to ask whether the optimism that may have underpinned the family preservation process should have been more tempered.
2. What are the consequences of children being returned home or to relatives?

The most favourable option following the need for admission to care must be swift and successful return to a safe and nurturing home with the birth family or with relatives. Crises are often short lived and do not necessarily reflect severe family problems or enduring risk. Many children are successfully discharged home without further cause for concern.

An intermediate group of children who have recently attracted research interest are those who remain in care but are returned home ‘on trial’ (currently defined as ‘placed at home under supervision’). Farmer and Parker (1991) studied 321 children: one group was in care for their protection, the other was beyond parental control. Just under half of the placements (45%) were judged to be ‘beneficial’, 36% ‘intermediate’ and 19% were found to be ‘detrimental’. Although the majority settled back home reasonably well, for others it was a complex and painful experience, especially if the household had changed during their absence. Some returned to unstable homes and were rejected or scapegoated in a way that resembled their experience before removal.

Bullock, Little and Millham (1993) studied 875 ‘looked after’ children and found that even though social workers adhered to the aim of family preservation, many children could shuttle back and forth between homes: the ‘oscillators’, as they called them. This group were only rehabilitated with a great deal of professional effort. They observed that activities to return children home successfully need as much skilful application as establishing new placements.

One important placement option for looked after children which holds out promise is to find relatives or friends who can be entrusted with their care. British child care agencies may have tended to concentrate more on the recruitment of non-relative foster and adoptive parents and have been less likely to think in terms of placement with relatives. Rowe, Cain, Hundleby and Keane (1984) reported that placements with relatives had a high probability of becoming stable arrangements and facilitated maintenance of contact with birth relatives. Both Lahti (1982) and Fein et al (1983) in
the US found more positive outcomes, assessed both in terms of stability and the children’s well being, for placements with relatives than other permanent placements. Iglehart (1994) conducted a study of adolescent placements, comparing kinship care with non-relative foster care, and found the former group to be more stable and less likely to have serious mental health problems.

Dubowitz et al (1994), however, found opposite results. Their kinship placements sample had behavioural and educational problems above population norms, which was not as optimistic a finding as expected. The children appear to have been placed locally with relatives who were themselves experiencing material poverty and suffering similar neighbourhood difficulties to the birth parents. It is important, therefore, to achieve equivalence across groups to begin with in these comparative studies and to examine the economic circumstances and the environment of the kinship placements as these factors could account for the discrepant findings.

These studies show that both return home to parents and to relatives can have positive outcomes but the transition home may be difficult and the success of this placement choice clearly depends on the conditions of the home and quality of care on offer.

3. What are the consequences for the children of maintenance at home or removal from home?

The practitioner, faced with balancing risks of maintenance at home versus removal needs reliable guidance on the consequences for choosing either of these options. A study which investigates the differential effect of placement decisions would need to investigate prospectively, over a substantial period of time, two or more comparable groups, having gathered initial data on all of them. Few studies have such a comparative design. Tizard and Hodges (1978) showed that adopted children fared better, in terms of cognitive gains and reduction in behavioural problems, than those returned home. Similarly, Lahti (1982) demonstrated better outcomes, based on a sample of 500 children, for fostered and adopted groups compared with rehabilitation to parents. St. Claire and Osborne (1987) showed that those exposed to negative family environments and then admitted to care did worse than the children admitted
early, suggesting that it may not be wise to resist intervening, thereby leaving the child exposed to negative influences.

The study by Wald, Carlsmith and Leiderman (1988) was conducted in California following new legislation which stated a preference for keeping children with their parents whenever possible. The researchers wanted to know whether limiting the use of out-of-home placements was a wise policy. They compared the developmental outcomes for abused and neglected children kept at home and provided with a family care worker (n=36) with foster family placement, incorporating foster parent support (n=29). Very few abused or neglected children showed positive development over the two year period in either environment, at home or in foster care, when measured against a comparison group who had not come to the attention of services. On the developmental measures, both groups continued to experience high emotional stress but for different reasons in different placements. They found that despite the provision of home based services, some birth parents remained openly hostile, rejected or ignored the children and there were no dramatic improvements in quality of parenting or domestic organisation. Up to three quarters of the foster children were in stable placements, but they often had problems connected with the loss of their parents and some examples of abuse arose in foster homes. The study indicates that once children are at risk they may suffer adverse consequences, at least in the short term, whether maintained at home or removed.

In general, the results from the slow growth of comparative placement studies have not demonstrated the clear differences that might have been expected. There may be a need for much more intensive family preservation services to achieve substantial effects and the costing of such efforts may then enter as a prohibitive factor.

**4. Is permanent foster family care preferable to adoption?**

Once it has been decided that the child needs to be in a permanent alternative family placement, there are further important decisions to be made. There has been a concern,
especially with older children, that although permanent family care is required, this may not be best served by the legal formality of adoption. In permanent foster care, parental rights and responsibilities are not transferred. It is possible that foster carers are more sympathetic to birth parents and less challenged by contact arrangements whereas adopters, by contrast, are in practice free to terminate or restrict contact arrangements if they choose. Furthermore, some older children may wish to retain their family name and oppose the idea of adoption.

There are, therefore, difficulties in comparing permanent foster care with adoption outcomes because the type of child, the relationships with birth parents and the placements arrangements and service levels may be different. On the other hand, as contact has now become much more common in adoption, there is considerable overlap in the arrangements. On the whole, UK studies have not shown major differences in outcome, but permanent foster placements have received less research attention than adoptive placements and less is known about relationships within the foster family, the children’s reflections on their experience as ‘fostered’ and their adult adjustment.

5. How successful are the outcomes of adoptions of ‘special needs’ children?

The 1980s and 90s have seen the growth of empirical studies of a larger scale, and of longer duration follow ups of permanent placements, with increasingly detailed measurement of the adjustment, development, educational progress and quality of fresh attachment of special needs children. However, disruption rates have remained the key outcome variable rather than differences in the developmental progress of the children and the quality of family relationships within the placement. The main correlates of adoption and fostering disruption have repeatedly been shown to be age at placement and level of behavioural difficulty, whereas the ethnicity and sex of the children and the characteristics of parents have not been consistently associated with placement outcome.
Table 1 shows the most important studies reporting disruption rates in children mostly placed later in childhood in adoptive or permanent foster homes. The rates tend to vary between 10 and 20% which could be considered quite low and may come as a surprise to practitioners in the treatment field who constantly encounter adoption breakdown. It is also the case that most new parents find satisfaction in taking on even highly disturbed children and fresh attachments can develop despite a history of broken relationships. However, there are also disruption rates in the 40% range when samples include adolescent placements.

Some of these outcome studies deserve to be presented in more detail. Fratter and colleagues (1991) studied over 1000 voluntary sector placements. Their follow up, conducted between 18 months and 6 years after placement, revealed an overall disruption rate of 21 per cent with older age at placement predicting less favourable outcomes. Borland’s prospective study (1991) established the same disruption rate of 21% which also increased with age. Over a third of those placed in adolescence (11-14) broke down, mostly in the first year, and age was found to be a stronger predictor than level of behavioural difficulty. The Strathclyde study (1991) gave a higher overall disruption rate of 43% over 3 years with the average for those 12 and over being as high as 60%.

### Table 1
Disruption rates in permanent family placements

<table>
<thead>
<tr>
<th>Authors</th>
<th>Age placed</th>
<th>Design</th>
<th>Length of study</th>
<th>Disruption rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kadushin (1971)</td>
<td>6 yrs -&gt;</td>
<td>Retrospective</td>
<td>7 yrs</td>
<td>10%</td>
</tr>
<tr>
<td>Tremitiere (1984)</td>
<td>6-12 yrs</td>
<td>Retrospective</td>
<td>4 yrs</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>12-18 yrs</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Boyne (1984)</td>
<td>6-8 yrs</td>
<td>Retrospective</td>
<td>not known</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>9-11 yrs</td>
<td></td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>12-17 yrs</td>
<td></td>
<td></td>
<td>47%</td>
</tr>
<tr>
<td>Rushton et al (1988/95)</td>
<td>5-9 yrs</td>
<td>Prospective</td>
<td>8 yrs</td>
<td>19%</td>
</tr>
<tr>
<td>Barth &amp; Berry (1988)</td>
<td>3 yrs -&gt; infancy</td>
<td>Retrospective</td>
<td>4 yrs</td>
<td>10%</td>
</tr>
<tr>
<td>Borland (1991)</td>
<td>infancy - &gt;</td>
<td>Prospective</td>
<td>3 yrs</td>
<td>21%</td>
</tr>
<tr>
<td>Strathclyde (1991)</td>
<td>infancy-&gt;</td>
<td>Retrospective</td>
<td>3 yrs</td>
<td>43%</td>
</tr>
</tbody>
</table>
Most recently, Holloway (1997) in her retrospective Newcastle study found a disruption rate of 20%. Older children in intended permanent fostering placements were most at risk of disruption and 44% of children from disrupted placements then returned to live with their birth parents. This is interpreted by the author as a serious failure of the placement plans although it is possible that the birth family were able to provide a better home by this stage. More information would be needed on the post disruption environment to know if the outcomes were indeed negative for the children.

In Barth and Berry’s (1988) large scale Californian study, only ten per cent broke down, but this sample included foster placements that became adoptions (known in the US as ‘fosadopt’) which, as they were not newly placed, probably inflated the success rate. Five variables were found to discriminate between disrupted and stable placements. A greater risk of disruption was associated with later age at placement; previous adoption breakdown; the level of the child’s disturbance and the new mother’s educational level. Lastly, greater stability of placement was associated with a longer stay in foster care prior to adoption. Had the ‘fosadopt’ group been excluded from the analysis, the breakdown rate would have been easier to compare with other late placed samples.

Quinton, Rushton, Dance and Mayes in their study ‘Joining New Families’ (1998) confirmed that placement of older children, most of whom had had adverse histories, had satisfactory outcomes in the first year of placement as only 5% disrupted. However, a further 23% were categorised as unstable at this point. The study produced more specific evidence to indicate that such placements are likely to entail considerable challenge to the new parents, and developmental recovery in the placed children will be evident in some, but not all, children in the first year of placement.

Special needs adoption does not work out for all placed children and all new parents and is therefore no panacea, but these studies of children with adverse histories have
shown that the majority find a stable home and this should give encouragement to practitioners and policy makers to think positively of this option for children who cannot live with their birth parents.

6. Should adoptions be restricted to same race placements?

One of the most contentious issues in this field concerns the advisability of transracial placement. This has been a very polarised and politicised debate particularly in children’s services within local authorities and the voluntary organisations, but possibly less heated within child psychiatry where fewer black professionals are to be found. The debate, which in the UK has largely focused on the placement in white homes of children of African-Caribbean origin and of mixed heritage, has partly been about the developmental effects on the placed children but has also extended more widely to allegations of racist, or at least a Eurocentric viewpoint being held in social services.

In a recent comprehensive review of the limited number of outcome studies (Rushton and Minnis, 1997), 70% of transracially placed children were found to be doing well at follow-up. This contradicts the extreme view that these placements are bound to be detrimental to the children. However, this figure may be over-optimistic due to methodological shortcomings like selection bias, sample attrition and weakness in the measurement of important concepts like self esteem and strength of ethnic identification. Furthermore, convincing answers as to how the children turn out will need evidence from follow-up studies beyond childhood and into early adulthood. Brooks and Barth’s most recent long term follow up (1999), admittedly on a rather different population of transracially adopted children (now adult Asian-Americans), found good outcomes in terms of self esteem and security of identity, but considerable sample attrition allows only cautious conclusions to be drawn about outcomes for all transracially placed children.
The debate about this placement policy has moved on now somewhat to focus not simply on the possibility of poor outcomes, but to consider more closely the experience of the child-now-adult and whether they experience dislocation from culture and community, whether they feel discomfited in relation to the culture of origin, whether they lack the learned strategies to deal with exposure to racism and whether they have assumed a ‘white perspective’. These concerns are all related to having to deal with the experience of ‘difference’. Some of these concerns, however, would apply to the experience of black people in Britain who are not adopted and it is important that claims made about feelings of discomfort and confusion are not assumed to be the product solely of transracial placement.

This is difficult terrain both in relation to race politics and to outcome research but it is important to struggle to clear a path. The search for an ethnically matched placement should remain the first choice on the grounds that the added complications of being placed in a racially different home should be sympathetically understood and attempts made to minimise children having to face a sense of dislocation. Unfortunately the call to make matched placements at all costs has not always been conducted with sufficient reference to information on the number and type of children waiting for family placement, nor with knowledge about the proportion of minority families likely to be successfully recruited as carers. In consequence, many children, notably those of mixed heritage, have waited too long to be placed. In these circumstances, the matching of level of difficulty in the children and their special needs with appropriate parenting skills, experience and tenacity must be central to the placement choice and may need to override precise race matching. More attention to the community into which the child is placed and more support to help new parents from a different background to consider the significance of positive identification, may help to move children out of indeterminate care and into stable homes where it can be guaranteed that cultural and racial origins are actively respected.

7. Is post placement contact with the birth family desirable and beneficial?
Complete severance from the past was once thought to be necessary for attachments to form to the new family and for the child to feel that the placement was permanent (Goldstein, Freud and Solnit, 1973). More recently, practice has begun to change in favour of preserving links with the birth family. This is sometimes argued as the child’s right, or on the psychological grounds that contact arrangements help to counter the child’s sense of loss and rejection and promote satisfactory identity formation. For children placed up until the late 1980s, the norm was still for a ‘clean break’ and termination of access, accompanied by an engineered ‘farewell’ to the birth parents immediately prior to placement.

Although the positive aspects of contact have been highlighted, these arrangements may be stressful for the child, especially if the birth parent has serious psychological difficulties or seeks to undermine the placement. Contact is likely to provoke a mixture of emotions - perhaps pleasure at being re-united and pain at being reminded of loss.

Whether preserving contact reduces the security of the placement or has a beneficial or negative effect on the child’s adjustment is a complex research question. For late placed children the possibility of contact may be reduced as more birth parents are likely to have died, or to be absent or be seriously ill. The child’s view of contact may alter with the changes in perception that increasing age brings. It may additionally be influenced by whether the contact is face to face, how frequently it takes place, the nature of the interaction at the meetings and whether the child desires contact. It is important to know what proportion of contact arrangements, once made, wither away over time. Recent reviews of the research literature (Gross, 1993) have concluded that the evidence rests on the side of the benefits of contact, although perhaps not as strongly as its advocates might imagine.

Some much needed longitudinal data are now beginning to emerge about the outcomes of such arrangements. Fratter (1991), in her four year follow up of 22 new families involved in varying degrees of contact, found that the majority thought positively about the arrangements. The research by Grotevant and McRoy (1998) was a prospective study of 720 volunteer sample cases. These were infant placements.
followed up when the children were between four and 14 and special needs children were excluded. They concluded that open adoption can succeed provided there is commitment to make it work and that mutually comfortable relationships can be negotiated, but it may be that some families and birth parents are not suited to this arrangement and therefore each case should be considered on its own merits.

However, generalisation from infant to late placements is not warranted from this sample and it is possible that older children, their birth parents and new parents may experience openness very differently. A recent review of the empirical evidence focusing on late placements has concluded that existing studies fall short of supporting the strong claims being made for the direct benefits of contact (Quinton, Rushton, Dance and Mayes, 1997). This lack of secure information, given the current status of research, will simply mean that placement choices will have to be made on a case by case basis.

8. Does placing sibling groups together produce better outcomes?

The Children Act (1989) advises that sibling groups are to be placed together wherever possible. There has been a growth of understanding of the importance of sibling ties and the consequences of disrupting them. In relation to placement practice, it is likely that the presence of siblings can be mutually supportive to children attaching to a new set of parents. However, there are limits to the number of families willing to take on large sibling groups for practical and financial reasons and family tensions are likely to be greater. Where one sibling is responsible for sexual abuse or chronic hostility or where siblings have different wishes about future care, separation (perhaps with contact) may be indicated.

Although outcome studies do not all point in the same direction, on the whole sibling groups placed together have better outcomes than children placed alone (Wedge and Mantle, 1991). It is plausible to assume that there is something beneficial and perhaps protective in maintenance of the sibling group. However, the comparison must be based on equivalence in the children and it is possible that singly placed children may be different in important ways. They may have experienced more abuse, have been
ejected from their families and become more disturbed. The sibling group, by contrast, may have come into care following a different kind of family crisis. If so, the superiority of sibling placements may not be entirely due to the placement configuration but to the differing pre-placement histories. However, research so far has not addressed systematically the nature of sibling relationships in placed children. High levels of rivalry and conflict can present severe parenting challenges and may de-stabilise placements. It may well be advisable to place siblings together but there is also a need for interventions to improve sibling relationship difficulties, a form of intervention that has not so far seen a great deal of development.

CONCLUSION

These eight questions represent some of the most prominent and contentious aspects of modern adoption. It should be clear from the brief reviews of the evidence that many of the questions are, of necessity, complex, hard to research and not all the findings are entirely clear cut. Nevertheless, the evidence that is available deserves to be consulted, and to be subject to careful scrutiny and interpretation.

As new pressures, expectations and constraints are placed upon the adoption process, this will have to be matched with increased support and there needs to be considerable service development in the following areas:

- There must be early consideration of whether adoption could be the best option and this must be informed by comprehensive and skilled assessment of the seriousness of the birth parents’ parenting difficulties and the likelihood of their amelioration
- Recruitment campaigns to attract potential adopters need to have an injection of finance to achieve a higher profile and to lead to a real increase in numbers thus enlarging the prospect of a ‘good match’
- Prospective adopters offering to care permanently for special needs children, who are known to have high levels of emotional and behavioural problems, need to be informed about the present and potential difficulties of the individual child and parents need to be assured of the availability of good quality and relevant long term support
• Children must be more involved in decisions about their lives and this will require the provision of skilled practitioners who can communicate appropriately with children in order to discover their wishes

• Face to face contact arrangements may well be complex and there will be a need for services which mediate between the parties and provide pre- and post-contact support

• There is a need for more specialist, multi-disciplinary teams available to help at an early stage with placements in difficulty. Every effort needs to be made to ensure that the level and extent of problems in the children do not de-stabilise the placement.

If more effective means can be found to prevent family breakdown and improve the quality of family life, this will be all to the good and will reduce the numbers in public care. The introduction of initiatives like Concurrent Planning may make a significant contribution to this goal (Katz, 1996). But no amount of family preservation resources will obviate entirely the need for substitute family care and it is idealistic and risky to believe that all families can care adequately for their children. The essence of adoption is that children can be provided with legal security, continuity and nurturance in an alternative family, and this should always be a readily available option for selected children.

An only life can take so long to climb
Clear of its wrong beginnings, and may never

from Aubade by Philip Larkin
Collected Poems. Faber and Faber.
References


St. Claire L. and Osborne A. (1987) The ability and behaviour of children who have been ‘in care’ or separated from their parents. Early Development and Care, Special Issue no. 28 (3).


MAUDSLEY DISCUSSION PAPERS

The General Practitioner, The Psychiatrist and the Burden of Mental Health Care.
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*All these are obtainable from Ms Carole Docket, Department of Psychiatry, Institute of Psychiatry, de Crespigny Park, London SE5 8AF for £2.95, including post and packing*