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Support for adoption placements: the first six months

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Support for adoption placements: the first six months

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Abstract

Adoption can provide stability and improved outcomes for looked after children, but the support needs of adoptive families range from financial support to managing difficult behaviours and attachment problems. This study looks at the use of services and associated costs over a six-month period through data collected from 19 adoptive parents six months after a child (average age 23 months) had been placed with them for adoption and at the patterns of service needs, usefulness of services and satisfaction with services, supplemented with data from 27 families who were interviewed about their experience of post-adoption support. In line with previous research findings, the core element of support was provided by social workers and over a third of families received financial support from social service departments. Involvement of specialist services such as mental health professionals and educational support was low, probably because of the children's young age. Satisfaction with the support provided by social workers varied and depended on their relationship with the parents. The mean public sector cost of services was £2,842 (range £980-£6,270) and most costs were borne by children's social services. These support costs compare favourably with other placement options such as children's homes or foster care.

Keywords: adoption, adoption support, costs, service use, social work

Introduction

Compared to long-term foster care, adoption can provide stability and improve outcomes for looked after children (Holloway, 1997) while reducing downstream costs to social services (Barth *et al.*, 2006), but the interim support needs of new adoptive families range from financial help to managing difficult behaviours and attachment problems (Randall, 2009) and these may need to be provided for many years after the adoption (Atkinson and Gonet, 2007). However, little is known about the type and level of services used early in the placement, or about the costs incurred by different agencies for providing such support.

A legal framework for the provision of adoption support is set out in the Adoption and Children Act 2002 and the Adoption Support Services Regulations 2005 (Department of Health, 2005). Families have the right to an assessment of their support needs and, are entitled to (means tested) financial support, access to support groups, support for contact with birth relatives and therapeutic services that support the relationship between children and their adoptive parents, including training to meet the child's special needs, respite care and assistance in cases of disruption. The responsibility for providing support lies with the Local Authority the child comes from until three years after the adoption, at which point it reverts to the borough where the adoptive family resides. Social work is at the heart of post-placement support. In England, specialist social workers are involved in supporting the adoption process, referred to here as the family placement or adoption worker (AW). Typically they assess the suitability of potential adoptive parents, find families for children and may also support parents through the adoption

processes including after the placement, although in some teams this latter role is undertaken by another adoption team member. The child's social worker (CSW) generally retains responsibility for the welfare of the child, as the Local Authority has (shared) Parental Responsibility for the child until an Adoption Order is granted.

Gaps in post-adoption services have been identified, as have concerns about insufficient support for placements which can increase the time it takes to place a child for adoption (Social Services Inspectorate, 2000; Selwyn *et al.*, 2006b), thereby increasing immediate costs to social services departments (Selwyn *et al.*, 2006a). Unmet needs can have a detrimental impact on placement success, and other things being equal there may be an association between higher levels of resource inputs and better placement outcomes (Berry and Barth, 1990; Coakley and Berrick, 2008). Research has shown that a mismatch between adopters' needs and service provision may be because problems reported by adopters are not taken seriously, services lack capacity, or because adopters are not aware of the supports available (Rushton, 2003; Sturgess and Selwyn, 2007).

Following the Prime Minister's review of adoption (Performance and Innovation Unit, 2000) and the White Paper *Adoption: A New Approach* in 2000 (Department of Health, 2000), several initiatives such as National Standards and Public Sector Agreements were introduced to improve and develop adoption services with a view to promoting permanent placements for more children and reducing waiting times (Selwyn *et al.*, 2006b). Since these policies came into force, only a few published studies have looked at the service and cost implications of adoption

support in the UK, and these focus on the costs to social service departments or on children with particularly high needs.

Selwyn and colleagues (2006b) estimated the cost of support to social services departments for the period between placement and granting the adoption order for a sample of 96 children aged between three and 11 at the best interest decision (now called the adoption recommendation). The average cost per child per year was £6,070 (2001/02 prices). Financial support such as adoption allowances was the largest item at £3,290, followed by core support from social and adoption workers (£2,003 or 33% of costs). Services such as respite care and support groups absorbed only about 8% of the total (£477).

More recently, Rushton and Monck (2009) conducted a randomised controlled trial of two parenting programmes, compared to services as usual, for adopters of children with severe behavioural difficulties. The mean costs of services between the child's placement with the family and the start of the intervention (average 12 months) were around £3,000 (2006/07 prices) in the combined intervention groups (n=20) and the control group (n=18). This included costs of social work (44% of costs), education support (20%), health care (13%) and other services such as day care and home help (23%).

In this paper, we explore the use of services and associated costs post-placement through data collected from a small group of adoptive parents six months after a child had been placed with them. We discuss the unmet needs that they reported and look at the extent to which adopters

felt the services were useful, their satisfaction with services, and how much they felt they had needed the service. Given the broad range of needs that children identified for adoption may have, and the complex interactions between services, the research takes a broad perspective. We asked not only about supports provided by social services departments, but also health care, education support and inputs from voluntary sector organisations and peers.

Methods

The data reported here are part of a larger study looking at family finding and matching in adoption services which aimed to examine the effectiveness, outcomes and costs of different practices and decision-making processes (Farmer *et al.*, 2010). One hundred and forty-nine children's case files were reviewed from the ten participating English Local Authorities (LAs), selected because they exemplified different approaches to family finding and matching. Data on child characteristics were collected from the Child Permanence Reports (CPRs); these are a legal requirement in the adoption process and used to collate information on the children's specific experiences and needs. Sixty-seven cases were tracked prospectively from the point of the panel recommendation for adoption. In this prospective study, follow-up interviews for 43 cases were undertaken with social workers and twenty-seven adoptive parents six months after the adoptive placements had started. Nvivo 8 was used to explore these data, addressing key themes identified at the start of the research. The full methods and findings from these qualitative analyses are reported elsewhere (Farmer *et al.*, 2010).

This paper focusses on the follow-up interviews with parents from the prospective study. As part of the interview, parents were given a specially adapted version of the Client Service Receipt Inventory (CSRI; Beecham and Knapp, 2001), a service use recording schedule which has been used in numerous studies of social, health and community care. It included a list of services relevant to families where children are placed for adoption, such as social work, social care and health services. Adoptive parents recorded the number and duration of face-to-face contacts, telephone calls and e-mails with staff, and any financial support received during the first six months of the child's placement. The CSRI was completed by 19 adoptive families, and these families constitute the core sample for the analysis presented here.

A unit cost was identified for each service from national sources (Curtis, 2007, 2008), or calculated using approaches developed in recent research (Berridge *et al.*, 2002; Selwyn *et al.*, 2006b) alongside data routinely collated by the Department for Education. The unit cost was multiplied by the amount of service each family received and these costs were summed to arrive at the total cost of each family's 'support package' for the six months since placement. There were few missing data. In total, 113 instances of service use were reported. In eight instances (7%), a missing number of contacts were replaced by the sample mean or, in the absence of other data, the minimum of one contact. In three instances (3%) where the contact duration was missing, we assumed a contact length of 60 minutes, in line with methods used in previous research (for example, Rushton and Monck, 2010).

Alongside a record of service use, participants were asked to rate the extent to which they felt they needed each service (needed not much or not at all, reasonably, quite a lot), the usefulness of that service (not very, fairly, very useful) and their satisfaction with it (not very, fairly, very satisfied). We report the findings on service needs for all respondents (n=19), but responses regarding usefulness and satisfaction only for those who had recorded using that service.

As children's characteristics and their care histories are likely to influence their needs for services (Barth *et al.*, 1986; Beek, 1999; Rushton and Monck, 2009), we describe their characteristics using data recorded on their CPR. We then present the adoptive families' use of services (n=19), and draw on two sources of data to address met and unmet needs for services, and usefulness of and satisfaction with services: First, the 'tick box' CSRI questions (n=19), which allowed parents to rate each factor on the relevant three-point scale. We also draw on the detailed responses from parents within the core CSRI sample who discussed their unmet support needs in more detail (n=10), and on the full qualitative analysis of the parent interviews regarding satisfaction with services (n=27) to illustrate and illuminate some of the issues raised by the quantitative data. Finally, attitudes to informal supports, receipt of financial support and the costs of the post-placement support packages are reported, again based on the core sample (n=19).

Continuous data are presented as means with standard deviations or ranges, while categorical data are presented as percentages. Given the small numbers in our sample, no statistical

analyses were performed. Quotations from the interviews with the adoptive parents are used to illustrate the context for the quantitative analysis of these data rather than representing a qualitative analysis in its own right.

Ethics statement

The research was approved by the Ethics Committee of the School for Policy Studies, University of Bristol and by the Association of Directors of Social Services (ADSS, now the Association of Directors of Children's Services). Permission to review adoption files was given by the Department for Constitutional Affairs (DCA now the Ministry of Justice) and the Secretary of State. Approval from the research governance committees of individual local authorities was also obtained and working agreements were signed to establish procedures for maintaining confidentiality. Informed consent was obtained from social workers and adoptive parents in writing before each interview.

Children's characteristics

When placed with their adoptive parents, the 13 girls and six boys were between nine months and seven years old (mean age 23 months, s.d. 18 months).

Table 1

Table 1 shows that among our sample of 19 children, the most common primary reason for referral to care were poor parenting skills or inadequate care. Most of the children had been taken into care at birth, and consequently, actual injury or abuse was rare.

Long-term health conditions included respiratory or urinary tract problems and neurological disorders. Two children were still being assessed for physical disabilities and developmental delay had been diagnosed or mentioned in four children's case files, three of whom had also been diagnosed with speech and language problems. A risk of mental health problems was common (12 out of 18 children) although considered low for most these children. In addition, the CPR data showed that five children were exposed to drugs before birth and this was suspected for two more. Pre-natal exposure to alcohol was suspected in two cases and confirmed in one.

Use of services and supports

Table 2 summarises service use as recorded on the CSRI. There was much variability in the intensity of input they received; from four to 14 contacts with their AW and from one to 15 contacts with the CSW. On average, parents spent 10 hours with their AW (range 3-24 hours) and 6 hours with the child's social worker (CSW, range 45 minutes to 20 hours).

Table 2

Educational support was provided to three families with school-age children. Only one of the study children and one sibling had a statement of special educational needs, and both their families reported contact with a special educational needs co-ordinator (SENCO). Not all necessary support could be set up immediately and one child was on a waiting list for a home-visiting service for pre-school children with additional support needs.

General health services played an important role in supporting these placements. Health visitors, general practitioners (GPs) and paediatricians were seen by nearly three-quarters of the sample and 10 parents reported contact with all three services.

Use of specialist services was sparse. Child psychologists were consulted by one family whose child had been exposed to anti-psychotic drugs prenatally, and another whose child had experienced domestic violence in the birth family. Another couple received support from the child and adolescent mental health team to help them cope with their child's challenging behaviour. While several children had delayed speech and language development, only one family reported seeing a speech and language therapist, although in at least one case a social worker remarked that resource constraints meant the services could not be put in place in a timely manner.

Unmet needs for support

Ten of the 19 parents who provided CSRI data also gave more detailed responses about their needs for additional support from services. Most of these parents felt they had no additional support needs (n=6), although one stated:

“I’d probably say no, but then if there was something that needed to be done I probably wouldn’t know it existed anyway, do you understand what I mean? Sometimes you miss out because you don’t realise it’s there?”

The other four parents wanted additional support from social services. The first aspect of this was a perceived lack of information and communication. One parent was concerned about inadvertently not complying with regulations on health checks. Another family would have liked to receive information in a more structured way to reduce their confusion and anxiety. The second aspect was parents wanting more action or support. One parent mentioned that the CSW had not carried out some required tasks and this added to the stress of the adoption process, while another felt that the adoption team was not doing enough to help them access services they needed.

Parents’ attitudes to social care services

Table 3 shows the responses of our 19 adoptive parents about their need for services, and the perceived usefulness of services and satisfaction with services rated by those who used the service in question. The core element of post-placement support is provided by AWs and CSWs and as Table 3 shows, adoptive parents rated their need for that service and satisfaction and its

usefulness quite differently. Support from their AW was rated 'very useful' by 79%, and 84% were 'very satisfied' (n=19), but less than half of respondents rated their CSW this highly (n=16). Moreover, 29% of parents found their CSW 'not very useful' (n=17), while this figure was only 11% for AWs (n=19).

Table 3

In one case, an adoption order was contested and the adoptive parents felt that the CSW was not supportive of the adoption process, causing tensions:

"We had a weekend of just being in a terrible state, [the child's] social worker was hard, she was hard work, she didn't communicate things very clearly. [...] All the way along we had a feeling that [the child's] social worker [...] wanted [the child] kept in foster care for longer, for mum to get her act together, for [the child] to go back to her [...]."

The qualitative analysis of all 27 interviews showed that adoptive parents most need social work support at the beginning of the placement (Farmer *et al.*, 2010). Anxiety about whether parenting styles were appropriate and met the child's needs and contact with birth families were common themes, and support at that stage was seen as reassuring and important for the success of the placement. This pattern is reflected in statutory requirements for social worker visits. There was a particular need for advice and reassurance where children with behavioural

or attachment difficulties had been placed. Social workers provided a broad range of support and advice, working directly with two children.

For a few adoptive parents, support needs actually rose as time passed and parents continued to find the children's behaviour difficult to manage:

"I can quite categorically tell you we've had no support or help since the day of the Adoption Order. [...] We feel like we've just been left basically."

Conversely, a minority of parents did not feel they needed much support even at the beginning of the placement:

"To be honest with you, I just think it's the law and you just have to grin and bear it and it lasts for such a short period of time in the big scheme of things that, well if they want to come, it's not like I have to drive there, they have to come."

Parents' attitudes to health services

After social care, health services were the most commonly used source of support for the 19 families (Table 2), but attitudes towards these services varied. Table 3 shows that a few parents said they needed paediatricians 'quite a lot' and that 70% of those in contact found them very useful. In contrast, several reported needing GPs 'quite a lot' but GPs were ranked third from the bottom in terms of the percentage finding the service 'very useful'. A similar low rating can

be seen for satisfaction; more than a third of the parents seeing their GP were 'not very satisfied' with the support provided.

Social workers (SWs) can act as gatekeepers or 'link workers' by suggesting and arranging contact with other, more specialist services (Monck and Rushton, 2010). While in the larger sample of adopters (n=27) a lot of links were made successfully, in at least one case such specialist services had proven hard to access despite reassurances from children's services before the placement:

"[...] The things that we needed, the waiting lists were incredibly long, and that is a problem when you're dealing with a very small child. [...] I can remember sitting round a table with billions of social workers and them saying, 'Well, you know, if you get any problems we've got access to a lot of healthcare professionals, [...] ring us up and we'll get that sorted out.' Yet when we did have problems and the NHS, you know, waiting lists were too long, it was, 'Oh well we can't really, we haven't really got a budget to do that,' and I had to fight and get nasty and threaten horrible things to in fact get the help that we needed."

Informal Supports

While social workers provided support and linked families with other services, extended family and peers also played an important role in supporting placements. Among the 19 adoptive

families who completed the CSRI, seven families received good or very good support from their extended family, and it was highly valued:

“My main support need is just having a break every now and then, and I have that with two of my best friends, and also my sister now living here, just having, my sister one morning a week gets up, gets him to school and then she’ll try and get home a couple of nights a week. I do know, for me I think the toughest thing being a single parent is after having a very long day then having to then calm yourself and then do dinner and, you know, bath and to bed.”

The remaining families in the sample either did not have an extended family (n=3), or the information was missing or inconclusive (n=6). Where family supports were unavailable, the placement could put strain on the adopters, as illustrated by this comment from an adopter whose child had trouble settling into the family:

“I think it would have been nice to have had some physical support and that’s not something that the social workers could do, I found I’ve missed out because my family don’t live close by and I have felt very isolated, and I think as an older mum [...], people have just assumed that you don’t need any help [...].”

Peer supports were used by 15 families. They spent between one and 68 hours (mean 17 hours) with support groups, other adoptive families or informal supporters. These supports

were seen as very useful, with satisfaction generally high. In particular, contact with other adopters offered the opportunity to talk about their experiences as adoptive parents:

“So having somebody from Adoption UK who has not necessarily been through the same challenges, but had challenges of their own, it was somebody I felt I could talk to completely honestly, without being judged, without thinking oh I can’t say that to the social worker ‘cause they might think x, y, z, you know, or I can’t say that to a friend because they’re not going to understand, and it was great to have that contact.”

Financial support for the placement

Although full details on the household finances could not be collected, all but one of the 19 respondents provided some information on financial support received for the placement.

Expenses during the introduction period were reimbursed to ten families, on average approximately £110 (range £15 to £300, n=8). Seven parents expected their legal costs to be reimbursed, two had received payments averaging £150, and some noted that they had not had to pay court fees.

An adoption allowance was paid to a third of our sample (n=6), a lower proportion than found for the first year of non-infant adoptions (68%; Selwyn *et al.*, 2006b). The average monthly amount was £455 (n=5, range £280 to £800), to be paid for between six months and five years, although subject to review.

Total weekly payments from benefits and tax credits ranged from £12 for those receiving only Child Benefit to £320 to a couple who both took statutory adoption leave at the beginning of the placement. As Table 4 shows, about a quarter of the families were not aware that they might be eligible for payments other than the (then) universal Child Benefit.

Table 4

Adopters can also receive one-off payments – often called settling-in or set-up grants – to help prepare for the child’s arrival. In our sample, seven families received such grants of between £250 and £15,000 (mean £2,850), a similar proportion as reported previously (39%; Selwyn *et al.*, 2006b). The highest payment was made to a couple who were linked with a sibling group, to help purchase a larger car and create a playroom.

Assuming that allowances and credits were received for the whole six-month period, total payments ranged from £30 to £21,282 and none of the families reported experiencing financial strain six months into the placement.

The costs of post-placement support

Reflecting the variation in the level of services and financial support received we found large differences in the cost of individual support packages – the sum of service costs and financial support - during this six-month period, with the highest cost support package more than six

times as much as the lowest (see Table 5). This package was for a child with learning disability, followed by one where a severe mental health problem was a possibility, and one whose adoptive family did not have a very good informal support network. In all three cases, the main contributor to cost was social care support. Interestingly, a family who adopted a sibling group reported the lowest support service costs, and the placement was described as being unproblematic. There are insufficient data to test statistically for association between costs and children's needs.

Table 5

Additional financial support (57%) and social services support (34%) were the largest contributors to post-placement costs. Only part of financial support was funded by social services, as tax credits, Child Benefit and statutory adoption or paternity pay are borne by HM Revenue and Customs, the Department for Work and Pensions and employers. More than half the care cost to social services can be attributed to AW input, and a third to support from CSWs. Other social care services contributed only a small proportion of costs, in part due to less intensive use and in part because support groups are relatively cheap to provide. General health services made up 7% of costs and specialist services including mental health support only 2%, possibly reflecting the low level of immediate health care needs recorded on most of the children's CPRs (see Table 1).

Discussion

The core analysis of this research used data collected from 19 adoptive parents on their use of and attitudes to the services and supports over the first six months that the study child had been placed with them for adoption. This was supplemented with more detailed responses from 10 parents about their unmet support needs, and an analysis of interviews with 27 parents exploring their satisfaction with services. We have reported use and costs of public sector services and the levels of support received from support groups and peers. All families were in contact with social services; this reflected statutory requirements and recognition by social work staff of the importance of a range of supports early in the placement. Universal health services were used by nearly three quarters of the families but specialist health and mental health services were used by a smaller number of families, and less frequently. The children's young age obviated the need for much involvement from education services. Overall, there appears to be a moderate level of need for services in general, with only a few people requiring specialist involvement. These findings reflect previous research; most support comes from within children's services departments.

As found in previous research, there was some variation in the level of satisfaction with social worker support (Rushton, 2003; Selwyn *et al.*, 2006b; Randall, 2009). The full analysis of the qualitative interviews (Farmer *et al.*, 2010) suggested that satisfaction depends on the relationship between the individual worker and the family. While it is beyond the scope of this study to link satisfaction and social worker characteristics, other research has found important links between satisfaction and social worker skill and expertise (Rushton, 2003), and the full qualitative analysis revealed that this difference in attitudes may be due to greater expertise of

the AWs in adoption work and their longer-term relationship with some adoptive parents, alongside the extent of other work pressures on CSWs (Farmer *et al.*, 2010).

Social work support reduces over time, often ending after the adoption order was granted (Selwyn *et al.*, 2006b; Monck and Rushton, 2010). Some participants in previous studies have felt abandoned by rapid cessation of social worker involvement but other parents were not unhappy when the visits stopped (Phillips, 1988), and again our findings are similar.

Among this sample, the CPR data summarised in Table 1 suggest that while few children have high health care needs, many have low levels of need and these span different health domains and conditions. This is especially the case for children who had been cared for by their birth families and consequently were older when taken into care. Good access to specialist services to address health and mental health issues has been shown to increase the stability of placements (Rushton, 2003), which in turn may improve continuity of care from other services (Colver *et al.*, 2002). However, not all parents were satisfied with either universal health services (such as GPs) or access to specialist services. High quality support from GPs and successful referrals to specialist services will support the adoptive family and help improve placement stability, and may also prevent any early childhood problems escalating into more serious conditions, with potentially far higher support costs, as the child ages. For example, one recent analysis shows that early intervention for childhood conduct disorder may generate a return to the public sector of up to £45 per pound invested from reduced use of health and social care services, and crimes averted (Bonin *et al.*, 2011).

Informal sources of support, such as support groups or talking to other adopters, appeared to help adopters cope with the day-to-day challenges of parenting, and these services received high ratings for usefulness and satisfaction. These carry a relatively low cost to social services and may offer useful support for people with less developed informal networks.

The parents identified few additional support needs, and most centred on perceived problems with social work provision. Although satisfaction was high, a small proportion of adoptive parents found social work support was 'not very useful' or 'not needed', and the same was true for some health care services, such as GPs. This draws attention to the fact that even when services are available to adoptive parents, they may not provide the support parents want. This is a difficult balance for social workers. While child protection must be a major concern, these parental attitudes towards statutory services, together with the issue of unmet needs, suggests that available resources might not always be deployed in an optimal manner, and this may well lead to increased support needs in the future.

We also estimated the costs of providing support services. The mean public sector cost of services was £2,842, although the range was large. While a few children received support from specialist health services which pushed the costs up, most costs were borne by children's social services for provision of statutory social work support. Comparisons with the earlier studies (Selwyn *et al.*, 2006b; Rushton and Monck, 2009) should be made with caution as the needs

and characteristics of these children are very different, as are the research design and follow-up period.

Another way of supporting placements is to ease the financial burden on adoptive parents. Financial assistance lowers the costs to parents and can increase rates of adoption of children from care (Hansen, 2007). One study from the US found that lower amounts of financial assistance for adopters were associated with a higher risk of placement disruption (Berry and Barth, 1990). Data from our study suggests that there is a lot of variation in the level of financial support for families post-placement and the interpretation of these data is not straightforward because for some families the payments were made with respect to several children, not just the study child. More than a third of families received financial support from social services departments (following assessment of their household resources). None of them were thought to be in financial trouble six months into the placement but social workers noted that greater flexibility in the system might enable them to adjust the financial support to reflect changing circumstances. Raising awareness of tax credits and child-related benefits may be another way of supporting placements financially as up to a quarter of the families were not aware of their entitlements.

The average age at adoption from care in England and Wales in 2009 was three years and 11 months (Department for Children, 2011). Only 2% of adopted children were less than 12 months old, and 71% were between one and four years old. This paper has presented the service use and costs data for the first six months of placement, and provided an account of the

experience as reported by a small and non-representative but nonetheless important sample of adoptive families. The children were, on the whole, young and it is possible that additional support will be required to help them overcome any difficulties with the social situation or curriculum once they start school. Other specialist services are targeted at particular needs and while they were rarely used in this six-month period, a number of the children have long-term conditions and as they grow up, greater needs for health and social care or educational support may become apparent.

It has to be emphasized that our sample of 19 parents for the analysis of service use and costs is very small, and can only provide a snapshot of the supports received, additional support needs and attitudes towards post-adoption services. Nonetheless, in this small group of adoptive families, themes from previous research with higher needs groups also emerge. This concerns primarily the need for social work support that is more tailored to families' needs, access to specialist services and the role of social networks in supporting adoptive placements. Thus our study supports calls for further investigation of the post-adoption period which plays a crucial role in determining placement stability and therefore child outcomes.

Conclusions

The data presented here suggest adopted children vary in their needs and characteristics, reflecting previous research and practice evidence. So too do their needs for support vary - as illustrated by our record of service use and service needs and as summarised by our

assessment of costs. These support needs, and indeed the parents' attitudes to services, are likely to vary not only with children's characteristics but also with the parents' characteristics and the resources they have available within the family and their wider informal network but appropriate supports can promote placement stability and also help to improve other child outcomes (Monck and Rushton, 2010). We cannot explore these associations in this study as our cost sample is too small, but our findings support calls for more research on the post-placement period. Although support post-placement could be seen as an expensive additional requirement, the average service costs of £2,842 over a six-month period compares very favourably with the costs of other placement options such as children's homes (over £2,500 per week), or foster care (over £500 per week; Curtis, 2007). Supporting the adopters appropriately may also reap longer-term benefits in terms of improved child outcomes and reduced placement breakdowns, thus saving resources in the future.

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References

- Atkinson, A. and Gonet, P. (2007) 'Strengthening adoption practice, listening to adoptive families', *Child Welfare*, **86**(2), pp. 87-104.
- Barth, R.P., Berry, M., Carson, M.L., Goodfield, R. and Feinberg, B. (1986) 'Contributors to disruption and dissolution of older-child adoptions', *Child Welfare*, **65**(4), pp. 359-371.
- Barth, R.P., Lee, C.K., Wildfire, J. and Guo, S. (2006) 'A comparison of the governmental costs of long-term foster care', *Social Service Review*, **80**(1), pp. 127-158.
- Beecham, J. and Knapp, M. (2001) 'Costing psychiatric interventions', in Thornicroft, G. (ed), *Measuring Mental Health Needs*, London, Royal College of Psychiatrists.
- Beek, M. (1999) 'Parenting children with attachment difficulties. Views of adoptive parents and implications for post-adoption services', *Adoption & Fostering*, **23**(1), pp. 16-23.
- Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. and MacNeill, V. (2002) 'Costs and consequences of services for troubled adolescents: an exploratory, analytic study', Luton, University of Luton.
- Berry, M. and Barth, R.P. (1990) 'A study of disrupted adoptive placements of adolescents', *Child Welfare*, **69**(3), pp. 209-225.
- Bonin, E., Stevens, M., Beecham, J., Byford, S. and Parsonage, M. (2011) 'Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study', *BMC Public Health*, **11**(803).

Coakley, J. and Berrick, J. (2008) 'Research review: In a rush to permanency: preventing adoption disruption', *Child & Family Social Work*, **13**(1), pp. 101-112. First published January 25, 2007, doi: 10.1111/j.1365-2206.2006.00468.x.

Colver, A.F., Gale, C. and Appleby, L. (2002) 'Health of children considered for adoption', *Child Care Health Dev*, **28**(6), pp. 455-457. First published July 25, 2003, doi: 10.1046/j.1365-2214.2002.00306.x.

Curtis, L. (2007) *Unit Costs of Health and Social Care 2007*, Personal Social Services Research Unit, University of Kent, Canterbury.

Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Canterbury, Personal Social Services Research Unit, University of Kent.

Department for Children, Schools and Families, (2009) 'Improving the educational attainment of children in care (looked after children).' London, Department for Children, Schools and Families.

Department for Children, Schools and Families, (2011) 'Children looked after in England (including adoption and care leavers) year ending 31 March 2011', Statistical First Release 21/2011.

Department of Health (2000) 'Adoption: A new approach. A White Paper', London, Department of Health.

Department of Health (2005) 'The Adoption Support Services (Local Authorities) (England) Regulations 2005', in HMSO (ed), *Statutory Instrument No. 691*, London.

Farmer, E. and Dance, C. with Beecham, J., Bonin, E. and Ouwejan, D. (2010) 'An Investigation of Family Finding and Matching in Adoption. Report to the Department for Children, Schools and Families', University of Bristol and the Universities of Bedfordshire and Kent.

Hansen, M.E. (2007) 'Using subsidies to promote the adoption of children from foster care', *J Fam Econ Issues*, **28**(3), pp. 377-393. First published June 9, 2007, doi: 10.1007/s10834-007-9067-6.

Holloway, J.S. (1997) 'Outcome in placements for adoption or long-term fostering', *Arch Dis Child*, **76**(3), pp. 227-230.

Monck, E. and Rushton, A. (2009) 'Access to post-adoption services when the child has substantial problems', *Journal of Children's Services*, **4**(3), pp. 21-33.

Performance and Innovation Unit (2000) 'The Prime Minister's Review of Adoption', London, The Cabinet Office.

Phillips, R. (1988) 'Post-adoption services: the views of adopters', *Adoption & Fostering*, **14**(2), pp. 32-36.

Randall, J. (2009) 'Towards a better understanding of the needs of children currently adopted from care. An analysis of placements 2003-2005.' *Adoption & Fostering*, **33**(1), pp. 44-55.

Rushton, A. (2003) 'Support for adoptive families. A review of current evidence on problems, needs and effectiveness.' *Adoption & Fostering*, **27**(3), pp. 41-50.

Rushton, A. and Monck, E. (2009) *Enhancing adoptive parenting. A test of effectiveness*, London, British Association for Adoption & Fostering.

Selwyn, J., Frazer, L. and Quinton, D. (2006a) 'Paved with good intentions: The pathway to adoption and the costs of delay', *British Journal of Social Work*, **36**, pp. 561-576. First published August 1, 2005, doi: 10.1093/bjsw/bch272.

Selwyn, J., Sturgess, W., Quinton, D. and Baxter, C. (2006b) *Costs and outcomes of non-infant adoption*, London, British Association for Adoption and Fostering.

Social Services Inspectorate (2000) 'Adopting changes: Survey and inspection of local councils' adoption services', London, The Stationary Office.

Sturgess, W. and Selwyn, J. (2007) 'Supporting the placements of children adopted out of care', *Clin Child Psychol Psychiatry*, **12**(1), pp. 13-28.

Table 1: Child characteristics and histories

Child ID	Gender	Ever cared for by birth family?	Age at placement (years)	Part of sibling group	Primary reason for referral	Emotional / behavioural problems^a	Health problems / disability^a	Learning difficulty / developmental delay^a	Mental health risk^{a,b}	Learning disability risk^{a,b}
1	Female	n/a	<1	No	n/a	None	None	Some	None	Low
2	Male	No	<1	No	Domestic violence	None	None	None	Low	None
3	Female	No	<1	No	Parent's substance abuse	None	None	None	Low	None
4	Female	No	1-5	No	Parent's substance abuse	None	None	Concerns	None	None
5	Female	No	1-5	Yes	Risk of injury / maltreatment	None	None	None	Low	None
6	Female	No	1-5	No	Poor parenting skills / inadequate care	None	None	None	n/a	None
7	Male	No	1-5	No	Poor parenting skills / inadequate care	None	None	None	None	None
8	Female	No	1-5	No	Neglect / maltreatment of another	None	None	None	Low	Low

	child									
9	Male	No	1-5	No	Poor parenting skills / inadequate care	None	None	None	Low	None
10	Male	No	1-5	No	Poor parenting skills / inadequate care	None	Minor	None	Low	Low
11	Female	No	1-5	Yes	Risk of physical abuse	Action required	Some	Significant	Low	High
12	Female	Yes	<1	No	Parent's mental health problems	None	None	None	Moderate	None
13	Female	Yes	1-5	No	Poor parenting skills / inadequate care	None	None	None	None	None
14	Male	Yes	1-5	Yes	Child's disability / illness	None	Minor	None	None	None
15	Female	Yes	1-5	Yes	Physical abuse	Minor	None	None	None	None
16	Female	Yes	1-5	No	Poor parenting skills /	None	None	Concerns	Low	None

					inadequate care					
17	Male	Yes	1-5	No	Physical abuse	Action required	Significant	Significant	Low	High
18	Female	Yes	1-5	Yes	Domestic violence	Action required	Some	None	Moderate	None
19	Female	Yes	>5	No	Domestic violence	Action required	None	Some	Low	Low

n/a: information not available

^aNone: No known family history of problems / none mentioned

^bLow: One birth parent known to have problems; Moderate: One birth parent known to have significant problems or both birth parents know to have some problems; High: Both birth parents know to have problems and at least one birth parent known to have significant problems

Table 2: Services used in the six months post-placement (n=19)

<i>Service or support</i>	<i>Number of families using service</i>	<i>% of families using service</i>
Adoption support & social care		
Family placement / adoption worker	19	100%
Child's social worker	17*	89%
Adoption support team worker	2	11%
Support for contact	2	11%
Support groups, LA	4	21%
Support groups, not LA	4	21%
Informal contact with other adopters, LA	5	26%
Informal contact with other adopters, not LA	10	53%
Health care		
General practitioner	14	74%
Health visitor / community nurse	14	74%
Hospital-based pediatrician	11	58%
Education support		
Educational psychologist	0	0%
SENCO	2	11%
Teacher	2	11%
Specialist services		
Child psychiatrist	1	5%
Child psychologist	2	11%
Child and Adolescent Mental Health Services	1	5%
Occupational therapist	1	5%
Speech therapist	1	5%
Geneticist	1	5%

* Interview data suggests that in fact, all families were in contact with a child's social worker.

Table 3: Perceived need for services, proportion of users finding each service useful and proportion of users satisfied with service received (n=19)

<i>Service or support</i>	<i>Service needed</i>			<i>Usefulness</i>			<i>Satisfaction</i>		
	valid n	quite a lot	reasonably	valid n	very	fairly	valid n	very	fairly
Adoption support & social care									
Family placement / adoption worker	16	21%	47%	19	79%	11%	19	84%	5%
Child's social worker	19	21%	37%	17	41%	29%	16	44%	25%
Adoption support team worker	12	0%	8%	2	50%	50%	2	50%	50%
Support for contact	11	18%	9%	2	50%	50%	2	50%	50%
Support groups, LA	13	8%	15%	4	50%	50%	4	100%	0%
Support groups, not LA	12	8%	17%	4	100%	0%	4	75%	0%
Informal contact with other adopters, LA	16	13%	6%	4	100%	0%	4	100%	0%
Informal contact with other adopters, not LA	16	25%	25%	10	70%	10%	8	75%	13%
Health care									
General practitioner	17	29%	18%	12	42%	33%	11	45%	18%
Health visitor / community nurse	17	29%	35%	13	54%	23%	12	67%	25%
Hospital-based pediatrician	16	13%	19%	10	70%	20%	9	78%	11%
Education support									
Educational psychologist	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a
SENCO	10	20%	0%	2	100%	0%	2	50%	50%
Teacher	10	10%	10%	1	100%	0%	1	100%	0%
Specialist services									
Child psychiatrist	10	0%	0%	1	0%	0%	1	0%	0%
Child psychologist	11	9%	9%	2	100%	0%	2	100%	0%
CAMHS	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a
Occupational therapist	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a
Speech therapist	9	11%	0%	1	100%	0%	1	100%	0%
Geneticist	0	n/a	n/a	0	n/a	n/a	0	n/a	n/a

Note: Percentages do not add up to 100 because the third category ('not much', 'not very' or 'not at all') is not show

Table 4: Awareness of tax credits and benefits (n=18)

	<i>Not aware</i>	<i>Aware, not received</i>	<i>Aware, received</i>	<i>Valid n</i>
Child Benefit	6%	6%	89%	18
Child Tax Credit	28%	33%	39%	18
Working Tax Credit	24%	65%	12%	17
Statutory Adoption Pay	17%	17%	67%	18
Statutory Paternity Pay	25%	50%	25%	16

Table 5: Support costs for six months post-placement (n=19)

<i>Service or support</i>	<i>Mean cost</i>	<i>Range</i>
Adoption support & social care	£2,239	£792 - £6,029
Health care	£486	£0 - £1,875
Education support	£10	£0 - £110
Specialist services	£107	£0 - £1,236
Total cost of services	£2,842	£980 - £6,270
Financial support	£3,970	£0 - £21,282
Total cost (services & financial support)	£6,604	£1,320 - £22,262