Placing Children with Disabilities with Adoptive Families

Scoping Report

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Contents

Background

Adoption improves the life chances of children who cannot live with their birth family, providing stability, upholding their rights to continuity of care and family life, facilitating recovery from adversity, and leading to a range of positive outcomes. However, whilst we know that children with disabilities are over-represented in the care system and are among the hardest to place with adopters, they rarely feature in adoption discourse, being largely ignored in adoption research, policy and practice initiatives. Indeed, there are no national records on the number of disabled children in care, the number adopted from care or their impairment types.

We do know that children with a disability wait longer to be placed for adoption and many are not found an adoptive family[1]. Ivaldi's analysis of UK adoptions in 1998-1999 revealed that children with severe medical conditions wait twice as long as others, boys wait longer than girls and children with a learning disability wait longer still[2]. Young children, under 30 months, with developmental uncertainty also experience delay as prospective adopters shy away from a stated unknown – as opposed to an already diagnosed condition (e.g., Down's Syndrome, Cerebral Palsy).

Yet government policy as described in The National Adoption Strategy[3] sets out a bold vision to deliver excellence in adoption services across England. The policy aim is to ensure that best practice becomes the norm so that every adopted child and their family can access the services and support they need wherever they live and maximise children's outcomes in the short and long term. The aim is for all adoptive children to be found permanent loving families as quickly as possible where they will be safe and secure; adopters are recruited from all communities so that there is a range of approved parents able and well prepared to meet the needs of children waiting to be adopted and that children and families get the support they need when they need it.

A collaboration between three Regional Adoption Agencies (RAA) in the South West of England has secured funding from the National Adoption Team as part of the National Adoption Strategy 2021 to establish a pilot programme to address this gap.

The pilot programme aims to improve practice in the placement of children with disabilities by considering new practice models and promoting greater consistency across the region. To ensure the pilot is well-informed and evidence-based, the Rees Centre was commissioned to conduct a comprehensive scoping review in this space. Three main areas of interest were identified and form the structure of this report:

i.   A review of UK and international research literature

ii.   A review of practice models identified in the literature review

iii. A review of current practice and variation in the South West UK region

Defining disability

'Disability' and 'Special Needs' are often used interchangeably, but definitions vary according to geography and sociocultural attitudes. A plethora of terms are also used to identify similar groups. In US studies for example, the definition of 'Special Needs' (SN) includes children of colour, older children, children exposed to alcohol in-utero, sibling groups and those with physical (often termed medically fragile) and/ or emotional needs.

In the UK, under the Equality Act[4], disability is defined as, '*a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities*.' In many studies, the definition encompasses those with mental health problems. However, for this project, and in this report, 'disability' refers to those children with a physical (e.g. Cerebral Palsy), cognitive (learning; e.g. Down's Syndrome) or developmental (e.g. Autism) disability, as mental health problems tend to be diagnosed in late childhood/adolescence.

We also include Foetal Alcohol Spectrum Disorder (FASD) as a life-long neurodevelopmental disability, although this too is often not diagnosed at the point of placement. The possibility of FASD should be recognised, as UK research studies have found that between 54% and 70% of mothers whose children were adopted from care misused drugs and/or alcohol during pregnancy. An audit by a medical doctor, practising in Peterborough found that 75% cent of children referred for adoption medicals (pre-placement) had a history of prenatal alcohol exposure[34].

Literature Review

Abstract

This scoping literature review suggests that each stage of the adoption process (assessment, recruitment, matching and support) should be scrutinised and adapted to address the ongoing issue of delays to permanence for children with disabilities.

Key findings for **assessment** include re-framing understanding of disability to raise awareness, develop positive attitudes and enable informed decision-making. For **recruitment**, widening the scope of searching for potential adoptive families, engaging prospective adopters through enhanced preparation training and presenting dynamic, realistic and flexible support packages at the outset, are key. In **matching**, designing child-led activities that deal sensitively with children's specific needs is required. Finally, **support** plans should be life-long, dynamic, realistic and guaranteed. An innovative and nuanced approach is called for that is reactive to local contexts, adaptable to ongoing needs and flexible to accommodate systemic changes.

Method

The purpose of this scoping literature review is to summarise findings from a range of research on the process of placing children with disabilities with adoptive families. The framework used for the scoping review consists of five stages.[5] Further details of each stage and the search strategy can be found in Appendix I.

In summary, the search of electronic databases, and other related sources yielded a total of 1,834 articles that were reduced to 25 relevant articles. These 25 articles consisted of peer-reviewed academic articles, books written by adoption experts and one recent report for the government. Of the 25 articles selected for review, 15 were from the UK; 7 from the US; 2 from Canada and 1 from New Zealand. Articles were assigned to the following categories based on their aims (some articles covered multiple topics and were assigned to more than one category):

- Needs Assessment (4)

- Recruitment (8)

- Linking and matching (11)

- Post-placement support (7)

A narrative review of the articles in each section follows, which summarises research findings and appraises the relevance of any evidence presented. Common themes and issues are drawn together in the discussion to answer the research questions.

Results

Needs Assessment

Four articles covering the assessment of children's needs and the characteristics and needs of prospective adopters were selected[6,7,8,9] and are summarised in Table 1.

Cousins argues that families are:

a) streamlined into 'willingness to consider' categories *too early* in the assessment process and an unknown number of potentially flexible families are ruled out at this early stage.

b) asked to indicate their openness to considering a 'special needs' child at the point of assessment. These decisions are largely based on hypothetical discussions, which are subject to the experience and views of the professionals in that discussion; often the assessing social worker.

As a result, prospective adopters may not be in the best position to make a fully informed decision and thus does not allow for the development of attitudes and capacities for considering a child/ children with disabilities.

The identified articles related to assessment indicate a perception that previous over-emphasis on the medical model of disability may have acted as a barrier to

6

placement opportunities. Using a social model of disability may allow for profiling of the 'whole child' at the outset and enable prospective adopters to see the child first[6,7].

The 'Matching Needs and Services' (MNS) strategy developed at the Dartington Social Research Unit was applied to a review of adoption support services at one VAA in the southwest of England[9]. Nine categories of need were identified and 'service responses' (support) for each category were agreed upon through professional discussion. For this literature review, two of the categories of need were relevant: 'less complex special needs' and 'complex special needs.' The support suggested for these two categories included access to specialist equipment, respite care and financial support. In addition, adopters with the capacity to acquire specialist skills and knowledge alongside holding realistic expectations would be best matched. This summary of needs and related support may be useful in planning for a range of children with disabilities and also for prospective adopters to better understand the tasks at hand.

Recruitment

It is well understood that while, in general, there are more approved adopters than the total number of waiting children, few approved adopters are willing to consider children with disabilities[1]. The commonly identified area in which barriers exist is in the recruitment of potential adopters. The present literature search generated eight articles that addressed issues relating to recruitment and are summarised in Table 2. Whilst each article selected contributes to answering the research questions to some degree, there is a dearth of sound research in this area. The evidence base on which the selected articles draw their conclusions ranges from anecdotal, professional experience,[7,10,11] description and evaluation of innovative models[12] to qualitative analysis of adopters' experiences.[13] Despite the variance in the evidence base, some common themes were found.

One of the main barriers lies within the agency system, as traditional approaches to recruitment may be ineffective for this population of waiting children.[14] Several articles point to families who have already successfully adopted children with

disabilities as having existing knowledge or experience with disability and difference[7,15]. A more nuanced finding suggests that prospective adopters who displayed characteristics of openness and flexibility were more easily able to broaden the type of children they were willing to consider[10,13,16]. Potentially untapped pools of adopters may reside in professions associated with adoption or disability.

For prospective adopters, the timing and nature of engaging with waiting children's profiles were key. For example, some authors argue that the 'whole child' should be presented before details of specific additional needs are disclosed. Indeed, Dance and Farmer[13] found that the views of prospective adopters developed throughout the approval process as their understanding of the children's needs increased and often after interaction with the child at profiling events. Engaging prospective adopters in their preparation courses through guest speakers who have already adopted a child with disabilities may also improve recruitment.

The timeliness of the family-finding process was also key. Rather than beginning with a local search only, it has been suggested to widen the search immediately by contacting other RAAs, VAAs and Linkmaker at the outset.

The Adopting Together Service (ATS) in Wales[12] is a collaboration between VAAs and LAs to provide permanence for those children who wait the longest; including children with disabilities. The model, which has successfully matched and placed 13 children in its first two years of operation, has four components:

1. Specialist child-specific recruitment

2. Clinical psychologist-led Team Around the Child meetings (similar to 'exchange days')

3. Therapeutically structured play-based transition sessions

4. Clinical psychologist post-placement consultation meetings.

The service indicated that the collaboration between VAAs and LAs presented opportunities to reach wider and more diverse audiences. The ATS also uses an

enhanced support package (a therapeutic approach that develops adopter competence and resilience) intending to build prospective adopters' self-efficacy to maintain participation in the approval process; suggesting that retention is a vital part of the recruitment process.

Similarly, the work commissioned by DfE[16], also points to building self-efficacy and resilience in prospective adopters. In an innovative approach to the issue of recruitment of adopters (and foster carers), the Kantar[16] report identified 'typologies' of prospective adopters and suggested the style of communications to be used to maximise the likelihood of successful applications. The report recommends a strategy composed of four 'pillars':

1. INSPIRE – tapping into prospective applicants' vision for success to bring fostering and adoption to the top of their minds and ignite their desire to pursue them.

2. UNLOCK – supporting people to realise their potential and see themselves fostering or adopting.

3. ADVANCE – instilling a sense of urgency and facilitating prospective applicants to explore options [either fostering or adoption] and choose the one most suited to them.

4. EQUIP – providing ongoing support and guidance to tackle anxieties and misconceptions about the care system and the application process.

(Kantar-Public-UK[16], 2022; p96)

Linking and Matching

One of the key papers identified in this scoping exercise was a review of international research literature on matching children with disabilities[17]. Though this review incorporated fostering and adoption, scant research was found. Often, existing research guided as to where future interventions and research could begin, but seldom identified systematic changes that could work. Welch and colleagues[17] found evidence that whilst children with disabilities wait longer than others to be

adopted, most achieve permanence and are successful. Other differential placement outcomes were also noted concerning, for example, age, gender and ethnicity. Mixed evidence for placement disruptions was reported, but studies focussing on adoption or fostering were conflated; as were studies from the UK and the US and also definitions of disability that included mental health issues, or not. The variance in outcomes found more likely reflects the limited amount of research rather than the methodological shortcomings of the review itself.

It would appear that since 2015, the picture has not much improved, as indicated by the limited articles identified in the present review. The processes of linking and matching are complex by their nature and may require a nuanced approach to developing an efficient and successful system. The selected articles outlined in Table 3 comprise either a description of practice models[12,18,19] or recommendations from experienced practitioners on preferred approaches[6, 20, 21]. There appears to be a consensus in these articles that suggests the 'traditional' methods of matching children with disabilities with prospective adopters may be ineffective.

Traditional methods rely on subjective assessment of child profiles and prospective adopter assessments by family finding teams and children's social work teams. Attitudes to, and understanding of, disability, in general, affect the efficiency of this approach and may unnecessarily limit the number of good matches. Quality of the child profiles, how disability is presented and discussed, and timing in the approval process, also factor into the matching process.

Consequently, to improve the efficiency of the matching systems, computer programs and software have been developed that not only enable prospective adopters and social workers to be directly involved in the process (e.g. Linkmaker; [18, 22]) but also seek to quantify the process. Seven matching tools (five of which were specifically for use in adoption) have been reviewed[19]. The review is limited, however, as the tools mainly identified potential areas of stress should the child be placed. Only one tool (US-based) had been robustly tested.

The tested model was the State-Wide Adoption Network (SWAN) in Pennsylvania, US[18]. It is a multi-faceted approach to address variation across the state in practice and outcomes for adoptions of children with special needs. A key feature of the

SWAN model is the delegation of responsibility in a single contract between the state and a private, non-profit organisation for:

> managing and hosting regional and state-wide training events, coordinating and managing the direct delivery of adoption services by private agencies on behalf of public agency children, and managing a number of state-wide adoption support systems. (Jones[18]; p596).

Authority to make final decisions regarding each step of the adoption process, and custody of its children remain with the county agencies. The SWAN model has seen a large increase in the number of adoptions (6,000 in the last 6 years), specialist adoption agencies (10 times more since program inception) and funding. A matching algorithm was developed[22] based on prospective adopters' attributes (e.g., demographics, 'critical' and 'important' child characteristics). The State credits the success of the algorithm to improved methods of collecting meaningful data from prospective adopters and the development of a weighting system of their attributes.

Finally, the Adopting Together Service (ATS)[12] describes a multi-agency collaboration closer to home. Based in Wales, the ATS aims to provide an enhanced adoption service with early intervention and prevention paramount. Similar to the SWAN model, the ATS is a collaboration between the private sector (in this case, VAAs) and regional adoption teams. Input from clinical psychologists and therapeutic social workers offers early and ongoing support. A central feature of this approach is the Team Around the Child (TAC) meetings which take place before formal matching and bring together the collective knowledge of a child from associated professionals (including previous foster carers and teachers) with the prospective adopters in attendance. Prospective adopters can fully consider what is required to parent a specific child.

Support

Adoption success has been linked to the existence of strong post-adoption support[23], however, a plethora of unmet support needs have been reported[28]. Families who have adopted children with disabilities require strong support networks and post-adoption support is essential if adopted children with disabilities are to thrive.

A systematic review[24] of factors contributing to successful adoptive placements for children with disabilities (including mental health needs) defined 'successful' adoptive placement as *'long-term placements that do not suffer breakdowns'* (p316). However, this simplistic definition of success limits their findings. Seven articles were found of which only two were relevant to this scoping review. The authors concluded that successful adoption placements do not rely *only* on good matches but the availability of ongoing, post-adoption support. Such support should include training for adopters and professionals alongside respite and financial support.

The evidence base is lacking. An earlier systematic review[25] of issues for families adopting children with disabilities found little research on the unique experiences of children with physical, medical or developmental difficulties. Further, the body of research linking adoption outcomes to this group of disabilities was described as *'sparse'* (p658) – and *'virtually non-existent'* for infants with disabilities. The authors note the subsequent challenges in establishing an evidence base for adoption support on such a limited body of literature.

Taking these reservations into account, common themes could be found in the articles related to adoption support selected in this review (Table 4). The first theme concerns adopters' experiences of unmet needs and the impact on family life. In US studies, adoptive parents reported feelings of isolation, difficulties accessing appropriate support, and unpreparedness to meet their child's needs[26]. From a secondary analysis of data from the Modern Adoptive Families project, again in the US, 30% of adoptive parents were concerned about issues related to *both* adoption and special needs[27]. Adoptive parents of children with FASD reported higher levels of parenting stress than biological parents of children with FASD, particularly if a formal diagnosis occurs later in life[29]. Unmet support needs of adoptive families were associated with poorer parent-child relationships and a more negative impact on the family and marriage[28].

A second theme focussed on recommendations and suggestions for types of support that adoptive families and professionals identified as essential. Frequent items on this list included financial support, short breaks, equipment, medical support (mainly asked for in the US), access to support groups and training opportunities. Adopters

parenting a child with a disability also cited ongoing, specific challenges that were costly and time-consuming (e.g. finding appropriate transportation, locating and accessing knowledgeable professional support), in addition to those faced by adoptive families generally[26]. Packages of financial support to enable reduced working hours for parents or to stay at home full time – especially for children with the most complex needs, should also be considered.

The timing of a support package is also key. More than 18 years ago, Cousins[21] suggested that adoption support plans should form part of a recruitment strategy for specific children. While support plans have improved there is still a need for guaranteed support to be available lifelong and flexible as the child's needs change. Timely access to specialised support is crucial for placement success, through an efficient multi-agency approach[12].

The final theme related to adoption support is one of knowledge and understanding. Adoptive parents consistently report frustration and dismay when the support accessed is not cognisant of the complex needs experienced by adoptive families of children with disabilities[25,26,29]. They report having to educate professionals about their child's specific needs, both in terms of adoption and additional needs.

Discussion

This scoping review aimed to summarise findings from a range of research concerned with the overall process of placing children with disabilities with adoptive families. It explored strategies, processes and systems used in the assessment, recruitment and matching of adoptive parents for children with disabilities, as reported in academic literature. How adoptive families are supported post-placement was also considered.

In all aspects of the adoption process, the evidence base is scant. Most research defines disability inconsistently and uses a small-scale survey design rendering direct comparisons between studies difficult. For the definition of disability used in this review, the situation is compounded by the virtual absence of studies that focused on children with physical or developmental disabilities. There is also a dearth of studies that independently evaluate the implementation, process and

impact of strategies used; this applies to methods of assessment, recruitment, matching and support.

Whilst there is no panacea for the timely, successful placement of children with disabilities into adoptive families, several over-arching themes can be gleaned from the findings outlined above. Firstly, raising awareness of disability and differences for prospective adopters and associated professionals is essential. In doing so, an enhanced understanding of issues related to disability (and adoption) would inform each stage of the adoption process, and the people involved. For example, in challenging any bias in social workers' perception of 'disability', improving the quality of child profiles (by presenting the 'whole child' first), or working to develop prospective adopters' openness and flexibility.

Secondly, developing clear, consistent and frequent communication between all parties involved in the adoption process would enable greater awareness of issues and resolve them promptly. This would apply to communications between professional teams in care, health and education, as well as with prospective adopters and foster carers. Such improvements in communication would facilitate the transfer of information about children's needs, prospective adopters' capacities and views. Early discussions about specific children, their needs and the supports offered may lead to more adopters considering a wider range of children.

Thirdly, systemic barriers in the adoption process should be considered as these may lead to delays in placement or cause unnecessary stress for those involved. These might include funding formulas in Local Authorities, payment of settling-in grants and allowances, or obstacles to foster carer adoption

Conclusion

Children with disabilities continue to experience delays in finding permanence. The evidence presented in this review suggests that strategies to address this issue should encompass each stage of the adoption process: assessment, recruitment, matching and support. The complexity of the intersection of adoption, disability, child development and family processes, guard against a 'quick fix' solution. An innovative

and nuanced approach is likely called for that is reactive to local contexts, adaptable to ongoing needs and flexible to accommodate systemic changes.

Table 1: Articles relating to needs assessment

Article	Country	Aims	Key Findings/ comments
Cousins (2003)[6]	UK	Examination of factors in assessment of prospective adopters leading to barriers in matching	Range of children excluded from consideration too early after PAs asked to identify characteristics of a future child Deficit model used in child profiling which is too brief and fails to consider whole child first. New structure of assessment and linking suggested Fostering with a view to adoption (early permanence?) should be considered
Cousins (2005)[7]	UK	Presentation of outcomes from professional workshops to consider barriers to placing children with disabilities.	Follow-up from responses to Cousins (2003) Children with disabilities often seen as separate group, ignores 'spectrum' of disabilities. Leads to deficit model of disability (and narrow understanding of child's needs) Assessment of families should focus on underlying strengths and capacities of prospective adopters Child profiles should present child 'in the round' and not as a list of impairments
Denby et al (2011)[8]	US	To understand more fully adoptive parents who seek to adopt children with special needs (US)	Two main themes of motivation to adopt: personal experience and/ or concern for well-being of children Article largely concerned with a qualitative evaluation of the adoption preparation process
Randall (2009)[9]	UK	VAA in-house study to better understand child needs (2003-2005) • identify needs of children at point of placement for adoption and review existing service needs • understand better the range of those needs from the relatively simple to the more complex • identify gaps in adoption support services • produce practical ideas for improvement	Used 'Matching Needs and Services' (MNS) methodology to establish categories of child needs Professional judgement of services likely to be required for each group Pointers for service needs but not established by research

Note 1:VAA=Voluntary Adoption Agency

Table 2: Articles relating to Recruitment

Article	Country	Aims	Key Findings/ comments
Argent (1998)[10]	UK	Identify needs of children with disabilities who need care Qualities in PA	Narrative account of issues related to finding permanence including family finding. Professional judgment and experience drawn upon but anecdotal evidence only Desired PA characteristics include openness, flexibility in attitude, supportive social network.
Cousins (2005)[7]	UK	Presentation of outcomes from professional workshops to consider barriers to placing children with disabilities.	Adopters assessed on general parenting qualities, *then* asked to identify a particular child Avoids families ruling themselves out in early stages Identifies two types of families – those already decided to adopt child with disability before assessment; and those who have not yet considered the possibility (or that it exists). Introduce whole child before focussing on extra need Use experienced adopters in recruitment campaigns Share brief information about (all) children early in process (e.g. at initial information evenings)
Cousins (2006)[11]	UK	Draws together research evidence and practice experience to track converging processes of permanence planning for children and recruiting families	All social workers in the child care field need a basic knowledge of the processes of adoption, as well as disability

Article	Country	Aims	Key Findings/ comments
Cumming-Spiers et al (2003)[14]	Canada	Examines PA characteristics and child need preferences Reports on focus group work with adoption professionals on funding and organizational issues within agency system	Traditional approaches to recruitment may be ineffective Assuming PAs who have not previously parented have more time for extra care may be flawed Analysis shows that those who have already cared for, or are currently doing so, are more apt to consider adopting child with broad range of challenges Suggests programs support transition from fostering to adoption Challenges existing explanation for large numbers of children (with disabilities) waiting – that families only seek healthy babies Suggests main barriers to adoption lie within agency system
Dance & Farmer (2014)[13]	UK	Presents reflections from group of adoptive parents on adoption process	Adopters' views on willingness to consider different sorts of children changed throughout the approval process through increased understanding of children's needs Change in views often occurred after engagement with specific child after profiling events

Article	Country	Aims	Key Findings/ comments
Kantar Public UK/ DfE (2022)[16]	UK	To understand how behavioural influences on fostering and adoption recruitment can be leveraged to encourage recruitment of quality leads.	Fostering and adoption overlapped in respondents' minds. They tended to be seen as points on a continuum or two sides of the same coin. fostering and adoption were associated with family, reward of supporting a child in need, and giving them better future. Many also thought of children's trauma when picturing fostering or adoption, and felt apprehensive about their abilities to cope with it. Concerns mostly revolved around people's ability to manage children's complex needs Those directly exposed to the everyday of fostering or adoption, either personally or through people close to them, tended to have a more balanced and positive view, allayed concerns and appeared to boost respondents' confidence in their abilities to cater for children's needs. Identifies 'typologies' of PA and suggests style of communications that maximises likelihood of successful application
Shelton et al. (2020)[12]	UK: Wales	Describes the Adopting Together Service (ATS) – a multi-layered collaboration between VAAs and regional adoption teams to secure permanence for children who wait the longest. ATS aims – to provide adoption service with early intervention and prevention at its core, enabling lifelong and secure placements for children. Input from clinical psychologists and therapeutic social workers offers early support.	Provided clarity and security in developing service-level agreements between VAAs and LAs Team Around Child (TAC) meetings valued by all involved Transition SW valued in preparing and supporting children in move to adoption Early connections and relationships developed

Article	Country	Aims	Key Findings/ comments
Wates (2002)[15]	UK	Explores how children of disabled parents are over-represented in care system Discussion of disabled adults as prospective adopters	Disabled adults, through their own lived experience of disability, possess positive qualities for adoptive parenting Recommends more openness in application process to identify concerns and needs early to address and overcome them Research needed to quantify success/ failure rates for disabled adults at all stages of the adoption process

Note 2: PA=Prospective Adopter

Table 3: Articles relating to Linking and Matching

Article	Country	Aims	Key Findings/ comments
Argent (2015)[20]	UK	Top 10 tips for placing disabled children, aimed at practitioners engaged with placing children with disabilities	1. Know the [whole] child 2. Check own attitudes to disability 3. Respect the birth family and child's need for continuity 4. Be aware of available resources 5. Consider the choices 6. Think *because* of, not in *spite* of, disability 7. Find the right family 8. Prepare *this* family for *this* child 9. Prepare *this* child for *this* family 10. Devise a robust placement support plan
Cousins (2003)[6]	UK	Examination of factors in assessment of prospective adopters leading to barriers in matching	Use of categories in traditional matching methods may be ineffective Child-led approach allows Prospective adopters to see 'whole child' first Profiling events allow for older and more complex children to be placed
Cousins (2011)[21]	UK	Top 10 tips for making matches	Mainly concerned with matching generally, except Tip 2 – 'Don't treat disabled children differently' Concerns adoption and fostering Simultaneous approval for fostering or adoption might reduce delay Suggests poor awareness (on part of both SW and PA) of disability prevents the vital link from being made Discussions of hypothetical child needs in assessment may limit matching: therefore, facilitate methods to allow for direct connection between child and PA, e.g. activity days, profiling events Recommends considering full range of families, and practitioners being aware of long delays to placement

Article	Country	Aims	Key Findings/ comments
Cousins & Simmonds (2011)[31]	UK	Explores use of interactive computer interviews in family finding for children with disabilities	Allows for more holistic profiling of child, child's views and abilities revealed Raises questions about parity in permanency planning for children with disabilities compared to those without, i.e. some children not referred to FF teams because of perception of level of disability
Dance et al (2010)[32]	UK	To identify and categorise variations in practice and policy in linking and matching across England and Wales, and to estimate broad costs for some of the related adoption activities	Proportion of placed children with disabilities ranged from none to 29% across LAs. 25% of agencies do not operate targeted recruitment for children with additional needs
Farmer & Dance (2016)[33]	UK: England	Follows Dance et al (2010) survey To explore what contributes to good family finding and matching	Case file analysis of 149 children with complex needs 67 cases followed in real time More poor matches when in-house placements were made or children's difficulties were underplayed with new parents More good quality matches were made when case responsibility was transferred early to the adoption team Formal processes to track and review the progress of adoptions for children with complex needs (including matching meetings) can help avoid delay Involvement of experienced adoption workers, who do not need to defer to children's SW, improves quality of matches made More compromises were made (between child's needs and adopter characteristics) to match children with moderate or highly complex needs. Pro-active FF required – widening search without delay and using multiple FF approaches concurrently

Article	Country	Aims	Key Findings/ comments
Hanna & McRoy (2011)[19]	US	Outlines and compares models of matching	7 matching models outlined Tools used to compare parenting capacity with specific child needs Tools mainly identify potential areas of stress should the child be placed (i.e. not a definitive match) 5 tools specifically for matching in adoption Reliability & validity testing of tools unavailable in all but one Most tools are self-report Tools designed specifically for local US context (questions application outside of states, and US)
Jones (1999)[18]	US	Overview of challenges and obstacles of State-wide Adoption Network (SWAN; Philadelphia, US)	Multi-faceted approach to promoting state-wide change Major component is the single contract between state and private sector Three main areas of activity: direct adoption service, state-wide systemic support & training/ consultation Matching algorithm developed – see Slaugh et al (2016) Large increase in state-wide adoptions, specialist adoption agencies and funding
Shelton et al. (2020)[12]	UK: Wales	Describes the Adopting Together Service (ATS) – a multi-layered collaboration between VAAs and regional adoption teams to secure permanence for children who wait the longest. ATS aims - to provide adoption service with early intervention and prevention at its core, enabling lifelong and secure placements for children. Input from clinical psychologists and therapeutic social workers offers early support.	Team Around the Child (TAC) meetings take place before formal matching. Multi-agency meeting – Prospective adopters fully informed about child

Article	Country	Aims	Key Findings/ comments
Slaugh et al (2016)[22]	US	Development of matching algorithm Model simulated at three levels of information	Adoption rate increases with amount of information about families' preferences used in matching process Claims to surpass all 7 in Hanna & McRoy (2011) in terms of nuance by attribute weighting system and state-wide application
Welch et al (2015)[17]	UK	To review international literature to identify and explore what is and is not known about achieving permanence for disabled children and young people in foster care and adoption	Scoping review of international literature (broad definition of disability) Includes fostering and adoption Evidence for differential placement outcomes, disruptions and relationships between child characteristics and those outcomes Limited research regarding the process of matching disabled children and foster carers or adopters. Existing research may provide helpful guidance to where efforts could begin, but does not always identify specific systematic changes that will work. Relative invisibility of disabled children within permanency services and the lack of consolidated expertise in achieving permanency for this group. Unmet support needs of adopters and carers – same appears to be true of children with disabilities

Note 3: SW=Social Worker; PA=Prospective Adopter; LA=Local Authority; FF=Family Finding; VAA=Voluntary Adoption Agency

Table 4: Articles relating to support

Article	Country	Aims	Key Findings/ comments
Argent (2003)[30]	UK	Outlines elements of support for all involved in adoption of children with disabilities	Argues that children and families require the best support available to *all* families Elements include: • clear communication with other agencies • accurate and appropriate information • financial and practical assistance • short breaks • access to support groups • training opportunities
Coons et al (2018)[29]	Canada	To build on concept of family adaptation To describe one unique stressor to adoptive families of children with FASD	Improved knowledge and awareness of FASD for all involved professionals would aid adaptation Adoptive parents report higher levels of stress than biological parents of children with FASD Challenges to properly later identify behaviours if FASD unknown at placement Professionals can learn about day-to-day lived experience from adoptive parents of children with FASD
Cousins (2005)[7]	UK	Presentation of outcomes from professional workshops to consider barriers to placing children with disabilities.	Future adoption support should be discussed early in process Support should be assessed about a specific early and guaranteed Supports include: finance, education and training, short breaks, equipment, parent support groups, access to professionals and carers Information and access to support should be life-long Quality of relationship between family and agency especially important for children with uncertain futures

Article	Country	Aims	Key Findings/ comments
Good (2016)[25]	NZ	Systematic review of issues for families adopting child with disabilities	Families who have adopted children with disabilities have higher needs for strong support networks Little research on unique experiences of children with medical, physical or developmental difficulties Literature linking adoption outcomes to physical, developmental or medical disability is 'sparse' (non-existent for infant adoption) Most research defines disability inconsistently, uses small-scale survey design Post-adoption support should include: - facilitation of peer support - long-term counselling - access to professionals who understand both disability and adoption
Hill & Moore (2015)[26]	US	To explore postadoption experiences of adoptive parents of children with disabilities in identifying and accessing adoption and disability-competent services and supports.	Nationwide survey of adoptive parents (*n*=1195) Adoptive parents of children with disabilities report: feeling unprepared for meeting children's needs, difficulty in finding adoption-competent professionals, feelings of isolation. But, also report: stories of strength, resilience and unwavering commitment Post-adoption support essential for adoptive families with children with disabilities to thrive Specific challenges faced by families with children with disabilities in addition to other adoptive families Lack of research on evidence-based interventions
Lee et al (2020)[27]	US	Secondary analysis of data from Modern Adoptive Families project (Brodzinsky, 2015); *n*=1,450	Analysis identified 5 sub-groups of distinct adoptive parent needs, including 'Both adoption and youth special needs' and 'Youth special needs' A small number of families (12%) were considered 'low need' Largest class of families were those that had concerns about adoption *and* special needs (30%)

Article	Country	Aims	Key Findings/ comments
Reilly & Plaz (2004)[28]	US	To explore post-adoptive service needs of families adopting special needs children. To examine the relationship of post-adoption service utilization to positive adoption outcomes.	Survey of n=249 special needs adoptive families (n=373 children) Most commonly cited needs: Financial, medical, dental Financial, legal & informal supports significantly associated with higher satisfaction with parenting Unmet needs include: counselling and in-home supports Unmet needs associated with lower perceived quality of parent-child relationship and more negative impact on family and marriage

Note 4: FASD=Foetal Alcohol Spectrum Disorder

Review of Practice Models

Introduction

This section complements the previous scoping review of academic literature by reviewing a range of models, strategies, and approaches used in social work practice for matching and placing children with disabilities in adoptive families. This review of practice models is presented in three main sections:

- Summary of methods used to identify models
- Review of US models
- Review of UK models

Method

Potential models for review were identified by following links and leads from the scoping academic literature review. In addition, organisations and researchers (who are known to the authors and work in the field) were contacted. An Internet search (via Google) was conducted using a combination of the following search terms: *assessment, recruitment, family finding, matching, support, strategy, adoption, children and disability*. We were aware that the focus of this review, and the restrictive definition of disability used, forms a relative niche area of social work practice. Identification of potential models or approaches, therefore, took on a snowball approach where suggestions and recommendations from newly identified sources were followed up.

We were also aware that online material, or documents downloaded from organisations' websites, might not provide a comprehensive account of models and strategies; indeed, it became clear that a formalised approach was not common. To that end, we contacted senior members of organisations directly via email to enquire about further literature and to request an interview. In all, eight interviews were conducted and used to contextualise the review of models where possible. Consequently, much of the information presented below has been gleaned from in-house reports of service organisations' websites and elaborated on through discussions with those responsible for this area of social work practice. We found

that most agencies employed multiple approaches, and this has been indicated below.

Whilst we were keen to provide an evidence-based review of practice models and associated literature, it is prudent to highlight at the outset that empirical evaluations of models are extremely scarce; indeed, we found only one model that was robustly and independently evaluated. Some models have reported their aims and methods alongside tracking of outcomes (e.g. number of adoption orders in a given year), but statistical analysis with a comparison group was absent.

It is also worth noting that many of the models do not deal with adoption and disability exclusively, i.e. the models often encompass a range of permanency types and broader definitions of disability. In the following section, each model has been summarised and key points relating to children with disabilities are highlighted. Where available, the key documents (or web links) for each model are added in full in the appendices.

Review of models

Much of the practice literature available in this area stems from the US and is reviewed in the first section; the second section covers models from the UK. When reading about the US models, it is worth considering the differences between the UK and US care systems, particularly that, legislation varies between states, private adoption exists and the scale of operation is greater (fiscally, geographically and demographically).

Types of recruitment

Working to improve permanency outcomes for children and young people in state care, agencies have expanded their recruitment (aka 'family-finding') strategy beyond 'general recruitment'[35]. In 'targeted recruitment', appeals to the general public are used, but specific types of families are targeted for specific types of children. Often the recruiter has no, or limited, contact with the child.

Targeted recruitment differs from 'child-specific' recruitment where families are sought for specific children or sibling groups. In 'child-specific' recruitment, the recruiter builds up a holistic picture of the child, and their needs, by working directly with them. Child-focused recruitment is resource-intensive and is consequently less frequently used. In all the types of recruitment identified, the recruiter (or family finder) holds the responsibility for linking and matching.

US Models

Evidence base

The existing evidence base for making objective judgements about the effectiveness of particular approaches is extremely thin. This is somewhat surprising given the benefits to the child in reducing time spent in care. Sharon Vandivere and colleagues at the US-based non-profit research organisation, *Child Trends*, reported on child-focussed programmes that tracked outcomes (e.g. 'Adopt Cuyahoga's Kids Program' (Ohio) or the 'Coordinators2inc program' (Virginia; now known as 'C2Adopt')) that suggested they had positive outcomes. However, the lack of comparison with general recruitment strategies via empirical methods makes any robust and valid judgement of effectiveness impossible. Further, none of these programmes focuses exclusively on children with disabilities, and so was challenging to separate effectiveness according to the type of 'special need'.

Adoption Exchanges

Adoption Exchanges in the US are organisations primarily concerned with providing the connection between children waiting in state care and adoptive families. Regional offices provide state-wide programs to link children and families and sometimes run specialised programs for special needs adoption. In addition, Adoption Exchanges may provide expertise and support before, during and after the adoption process. The State-Wide Adoption Network (SWAN) outlined in the previous section (p10) is one example. The level of services offered, and information available, is variable across states. The Child Welfare Information Gateway (CWIG)

lists Adoption Exchanges for 34 of the 50 states. A review of the websites for each exchange listed resulted in the following models and approaches:

Missouri: Foster & Adoptive Care Coalition

The Foster & Adopt Care Coalition is a non-profit agency based in St. Louis, Missouri since 1989. It has developed two programmes – '*Extreme Recruitment'* and *'30 Days to Family'* (*30 DtF*). In *Extreme Recruitment*, a team of recruiters work alongside private investigators to find multiple extended family members for children most at risk of ageing out of foster care in an intensive programme lasting an initial 12-20 weeks.

The *30 DtF* programme builds on the *Extreme Recruitment* model. A similar, intensive approach is used but starts at the point a child first enters care. It aims to assist in the search and engagement of relatives and kin[1] within 30 days. It is useful to note that the fundamental services in the programme are those as required by federal law, state regulation or policy, but the programme demands an enhanced and intensive model for service delivery. The *30 DtF* programme has been independently evaluated and outcomes published in technical reports and peer-reviewed journals.[37,38,39]

The evaluation comprised four areas of study:
- examination of model implementation
- analysis of child welfare administrative data and compared children and young people who received the *30 DtF* programme to a matched comparison group of children within the same geographical area who did not (*n*=2,809)
- exploration of child status, service needs & support, connections with relatives, child/ youth well-being and functioning from carer interviews (*n*=97)

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[1] As defined in Missouri state law – 'relative' refers to 'a person related to another by blood or affinity within the third degree' (i.e. by blood, marriage or adoption). 'Kin' is defined as 'a person who is non-related by blood, marriage or adoption who has a close relationship with the child or child's family, or a person who has a close relationship with the child or child's family and is related to the child by blood or affinity beyond the third degree.' This project and its evaluation use 'relative' to include both relative *and* kin.

- a costings analysis identifying potential areas of savings compared to 'service as usual'.

The key findings included:
- The model was faithfully implemented and offered multiple placement options for each child thus allowing the *best fit* to be selected, as opposed to the first, or only option.
- There was a sustained positive effect of being in the programme – i.e. more likely to be placed and remain, with relatives (3 years after placement)
  - *30 DtF* produced a relative placement for children who were significantly older and more likely to have a disability.
- Children in the programme who had an identified disability were in foster care an average of 257.8 fewer days than those with a disability not in the programme.
- For each child in the programme, an average saving from fewer days in care was calculated at $10,412 (£8,347)[2] – the highest savings were seen for older children and those with identified disabilities.
  - Every child in the program with an identified disability saves, on average, $29,368 (£23,544)[2].

Massachusetts Adoption Resource Exchange (MARE) – Specialised Recruitment Coordination Programme

The Massachusetts Adoption Resource Exchange (*MARE)*[3] offers two strands of services: Child Services and Family Support Services. *MARE's* family finding programme includes a team of coordinators for general linking and matching. In addition, two recruiters from WWK and one specialised recruitment coordinator provide intensive family-finding services.

The *Specialised Recruitment Coordination Programme (SRCP)* is grant-funded and focuses on identifying families for children with complex medical and developmental needs. It has been running for about three years, but full roll-out was initially

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hampered by the COVID-19 pandemic. At present, one coordinator (full-time) maintains a caseload of about 20 children and young people for the central and western regions of the state. The coordinator has over 10 years' experience of working in early intervention (including children with disabilities). Though there is no formal model, the SRCP follows an intensive, child-focused approach to recruiting, linking and matching. The coordinator describes a three-pronged approach:

1. Maximising existing family finding activities: e.g. updating and personalising profiles for photo-listing websites;
2. Connecting with the child's existing network: e.g. teachers, therapists, and residential setting staff; deep-dive of DCF records, noting any previous or present connections and contacting them directly for further information about the child that might help with recruitment, or possibly becoming an adoptive parent themselves
   - The coordinator recalls the past success of this approach – a former nurse of a child is becoming the adoptive parent
3. Outreach work to local and regional organisations: charitable groups supporting families with children with disabilities; presenting at targeted audiences, e.g. Children's hospitals, about special needs adoption and fostering; disability awareness raising for DCF social workers, national associations and social workers from out of state looking to implement a similar programme.

The SRCP successfully places about 4-5 children per year and is mindful that increasing the caseload will reduce the intensity of the family-finding activities. The coordinator has identified barriers to placing more children, including communication between professionals/ departments; stigma associated with disability and/ or adoption; attitudes of social workers conducting an assessment of prospective adopters (particularly acting as a 'gatekeeper' when a suggested link with a child with a disability is presented (by SRCP) and subsequently dismissed on the grounds of capacity/ competence without discussion with the prospective adopters). The coordinator puts it succinctly:

> I think the barrier of the family worker and the way that the home study gets written and the way that those conversations happen around… 'what are you open to' and 'what are you not' is possibly one of the biggest barriers that we have.

Northwest Adoption Exchange – Reverse Teen Matching

The Northwest Adoption Exchange based in Seattle has developed an innovative approach to matching. In *Reverse Teen Matching*, young people in foster care are positioned as active, key players in permanency planning by providing a supervised opportunity to browse potential adoptive family profiles. The adoptive family profiles are presented in the form of a specially-made introductory video. A few profiles are selected that the young person would like to know more about. Participation in this approach is voluntary and is for young people aged 12-17 years.

This approach is very much in its infancy, but every young person who has participated has inquired about at least one family, 95% of young people reported they would participate again and feel empowered by the process.

Photo-listing websites/ galleries

A prominent feature of recruitment approaches in the US is photo-listing websites or galleries. *Child Trends* identified evaluations of recruitment strategies from '*AdoptUSKids*' and '*Wednesday's Child*' that suggested positive outcomes. [35] *AdoptUSKids* is a national project (federally funded and operated by the Adoption Exchange Association) that connects children in foster care with families and supports child welfare systems through training and raising awareness. In addition to their ubiquitous photo-listing service, *AdoptUSKids* also provides adoption support and training for professionals.

The organisation '*Wednesday's Child*' is similar to *AdoptUSKids* but shows videos of children waiting at a regular time slot on a regional TV station in Kentucky as the main strategy for recruitment. The *Heart Gallery of America* is another well-known recruitment approach and uses professional photography to create physical portrait exhibits in local communities across the US and online. All three of these are often linked on websites of state departments' children's services and/ or on individual

adoption exchange webpages. As yet, no empirical evaluations of their effectiveness exist.

Virginia Adoption policy (deferred adoption assistance agreement)

Whilst the state of Virginia's adoption policy may not contain innovative practices relating to much of the current project, their structure of adoption support may be of interest. Two types of adoption support are available and take the form of a legal *contract* between the adoption agency and the adoptive family:

- Adoption Subsidy Agreement (for any child *currently* identified as having a special need)
- Deferred Adoption Subsidy Agreement (guarantees the adoptive family to receive financial assistance should the child develop a condition in the future). The deferral must be requested before adoption finalisation.
    - This support is available up to 21 years of age.

Wendy's Wonderful Kids

The Dave Thomas Foundation for Adoption (DTFA) is a US-based, national, non-profit charity that aims to find permanent homes for children and young people waiting in North America's foster care systems. The *Wendy's Wonderful Kids (WWK)* program was designed by the DTFA and rolled out in 2004. The *WWK* program is an intensive, child-focused recruitment model that concentrates typically on children and young people who have been the most difficult to place: sibling groups, older children and children with special needs.

Since its inception in 2004[4], the *WWK* program has placed more than 12,800 children in permanent homes (average age of 14 years; 79% had at least one special need; an average of 5.6 placements per child before *WWK* placement) and is one of the few models of its kind to publish an independent, empirical evaluation: children in the *WWK* program were 1.7 times more likely to be adopted than those not in the program; older children and those with mental health challenges three

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[4] as at January 2023 (WWK CEO, personal communication)

times more likely to be adopted. The *WWK* program has been implemented state-wide in 16 states, and work continues scaling up in other states.

Through the *WWK* program, the DTFA funds public and private adoption agencies to employ adoption professionals ('recruiters') who work exclusively to implement the child-focused recruitment model. The model has eight components (see Figure 1) and is described in the WWK program reference guide (links in Appendix II) as:

> Effective, aggressive and accountable recruitment strategies are critical to the success of the child-focused recruitment model. Rather than casting the broad net of general awareness and recruitment campaigns or defaulting to Internet photo listings, media profiles of children or public photography displays, child-focused adoption recruiters are expected to be agents of change in the lives of the children they serve by employing an intensive and exhaustive recruitment strategy.

The model requires smaller case-loads (typically 12-15 max) per recruiter in light of the intensive nature of the work and the accountability framework which provides a thorough QA oversight. In addition to routine CPD provided by the adoption agency, *WWK* recruiters also avail themselves of support from the DTFA. This includes online orientation and training, in-person attendance at DTFA for annual, 2-day intensive training, ongoing performance management and QA by adoption managers based at DTFA, and peer-to-peer networking with other *WWK* recruiters.

A crucial component of the model is the qualities and level of experience sought by the DTFA for its 'recruiters'. In addition to the required qualifications of the adoption agency, *WWK* recommends that the recruiter have the following:

- relevant experience in child welfare including knowledge of issues surrounding foster care, adoption, trauma, medical and developmental needs and the importance of legal permanency…as well as familiarity with state child welfare rules and procedures and the juvenile and/or probate court systems.
- a bachelor's degree with two years of post-graduate direct experience is required, MSW [Masters in Social Work] is preferred.
- expertise in providing family support/excellent customer service.
- the ability and willingness to travel with the flexibility to work evenings and occasional weekends

- computer literacy and efficiency

- a commitment to work from a strength-based and/or youth development perspective.

Figure 1: Components of WWK child-focused recruitment model
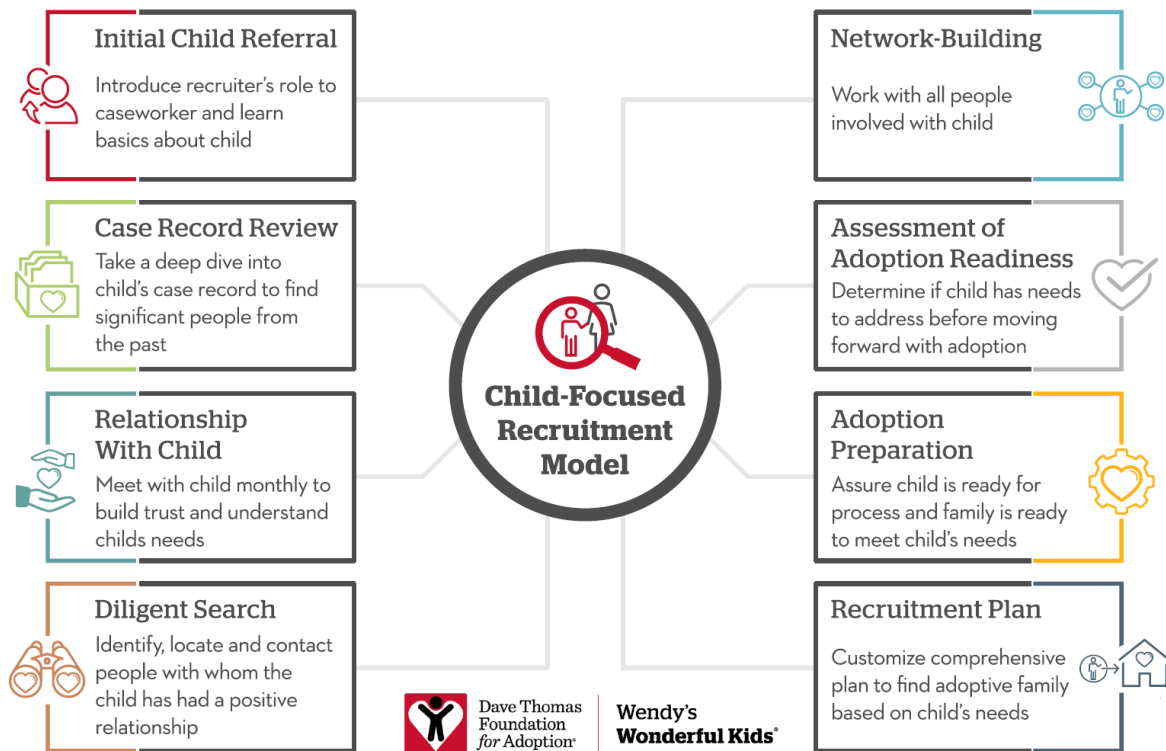
Reproduced here by kind permission of the Dave Thomas Foundation for Adoption

Links to further details of the model are provided in Appendix II, but it is worth noting that several of the Diligent Recruitment interventions highlighted in the next section, at some point had *WWK* recruiters as part of their approach.

Diligent recruitment

The Children's Bureau is the federal agency in the US that has oversight for improving the lives of children and families, including fostering and adoption. In 2010 the Bureau provided a funding opportunity for individual states to improve their strategic and practical approaches to permanency for children in care; known as *'Diligent Recruitment'* (DR). A synthesis of key programs and findings was published by the Child Welfare Information Gateway (CWIG) in 2018 and links to the full article are in Appendix II. Again, the programs were required to be multi-faceted and so did not focus solely on children with disabilities. First, a brief description of relevant

aspects of selected programs about the aims of the current project is given. Second, a summary of key messages is presented to identify barriers and facilitators:

- Illinois Recruitment and Kin Connection Project (RKCP)
  - Created a *'Kin Connection Specialist'* – works to locate family members who may be able to provide a placement, or contribute to service planning
  - Developed individual recruitment plans for children with special needs; plans based on a thorough exploration of family, social and education connections
- Mississippi *Guided Resource Initiatives Targeting Special Kids* (*GRITS)*
  - Detailed targeted recruitment strategy
  - Identifies 'family portraits' through a market segmentation approach in the local area and provides details on how to effectively recruit in these groups
  - Three-phase recruitment plan:
    i. Community education
    ii. Targeted recruitment
    iii. Retention of current families (fostering and adoption)
- Permanent Families and Lasting Connections Recruitment Project (Clark County, Nevada)
  - Developed *Child-Specific Adoption Recruitment (CSAR)* protocol – a multi-faceted, comprehensive approach to develop an individualised recruitment plan, along with a suite of tools for the whole process (inquiry through to adoption)
  - *CSAR* – included bespoke digitised filing system, accessible to all parties to use, store and review all *CSAR* activities. Also allows for QA monitoring for process and service provision.
  - *CSAR* formalised into policy in the Department for Children's Services (equivalent to an LA in the UK)
  - Recruitment plan included a search of 'Fictive Kin' (those not blood-related but have knowledge of the child) as possible placement sites.

- Retention strategies included – training, Quality Parenting Initiative, Foster Parent Champion programme, seasonal events

Key messages from Diligent Recruitment

The programmes implemented under this DR funding opportunity employed a broad range of approaches at a strategic and individual level to improve permanency outcomes for children in state care. Most of the DR programmes used a combination of general, targeted and child-specific recruitment strategies; but none used a child-focused approach. The synthesis of the programmes (CWIG 2018) identified challenges and successes common to the projects overall:

Challenges:
- Community perception of care and care services
- Staff turnover
- Poor interaction/ communication between the adopter and the agency
- Cooperation with private agencies
- Systemic changes over the project period

Successes:
- Building partnerships and collaborations
- Engaging existing parents and care alumni in recruitment activities
- Training (e.g. needs of children in care, concurrent planning, recruitment) for agency staff, existing and prospective parents, and community partners.
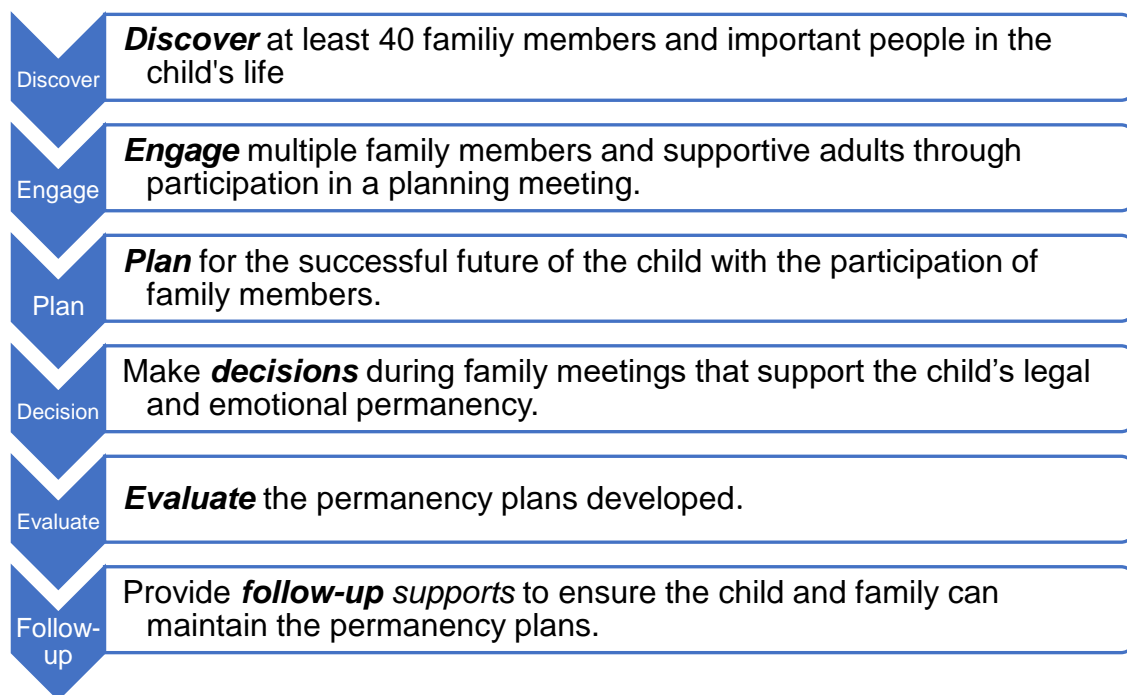
The CWIG report suggested that future strategies based on the DR approach might also consider how to engage not only agency leadership but also frontline staff. Commitment from both groups was seen as critical to the successful implementation of the strategy. Developing positive and strong relationships with current foster carers and prospective adoptive families facilitated the recruitment process, as well as retaining the engagement of prospective families.

A final key aspect concerns the sustainability of the programmes. In many cases, strategies to continue the programme after the funding period were considered only in the latter stages. Several programmes reflected that sustainability planned as part

of the initial stages might lead to confidence in the programme and positive outcomes in the longer term.

Family Finding

The *Family Finding* model was developed by Kevin Campbell and colleagues and aims to increase options for children's legal and emotional permanency. The model has been enshrined in US federal law since 2008 which mandates that *Family Finding* is used for every child entering foster care. Intensive search and engagement techniques enable practitioners to identify family members and other adults connected to a child in state care. These connections assist in the development and implementation of a plan for permanency, which may include reunification, adoption or guardianship. The model has six stages:

Discover	***Discover*** at least 40 familiy members and important people in the child's life
Engage	***Engage*** multiple family members and supportive adults through participation in a planning meeting.
Plan	***Plan*** for the successful future of the child with the participation of family members.
Decision	Make ***decisions*** during family meetings that support the child's legal and emotional permanency.
Evaluate	***Evaluate*** the permanency plans developed.
Follow-up	Provide ***follow-up*** *supports* to ensure the child and family can maintain the permanency plans.

Again, it is worth reiterating that the model does not deal exclusively with children with disabilities, or adoption as the sole route to permanence. Though the model has been implemented in states across North America, the social care agency context, training and implementation of the model have varied leading to mixed findings from evaluations. Indeed, it was included in some of the *Diligent Recruitment* programs summarised earlier (e.g. Permanent Families and Lasting Connections Recruitment Project; Clark County, Nevada).

In 2015, Sharon Vandivere and Karin Malm of Child Trends reviewed the evidence from 13 evaluations of the *Family Finding* approach. The report found that there was insufficient evidence to conclude that *Family Finding* improves outcomes over and above existing services; likewise, there is not sufficient evidence to say that it *does not* improve outcomes. The inconclusive findings are attributed to variations in consistency of model implementation, weak evaluation design and flawed Theory of Change models. However, the authors note that achieving a sizeable impact through interventions of this nature is difficult and rare, suggesting that the positive impacts found in some evaluations should not be discounted.

Spence-Chapin (S-C)[5]

Spence-Chapin is a non-profit organisation that offers a range of adoption services and programmes, including domestic, international and special needs adoption. *S-C* also offer pre-and post-adoption support and training for professionals. As with VAAs in the UK, *S-C* does not hold responsibility for children but is primarily involved with linking and matching. Since the inception of its special needs adoption programme in 1995, *S-C* has placed over 500 children and young people in adoptive homes. Though the organisation serves biological families in the New Jersey/ New York area, prospective families are found nationwide. Currently, *S-C* estimates that ten children with special needs are placed per year.

Prospective families are recruited through outreach activities in the community that raise the profile of the organisation. The Spence-Chapin organisation are well-known in the US for adoption services, consequently, much of their national recruitment stems from a long-established reputation and high profile on digital and social media platforms. Prospective adopters in the special needs programme often have a personal history or professional knowledge of special needs; faith also acts as a strong motivator to adopt. Linking and matching are done on a case-by-case basis and there is no formal system or algorithm; successful linking and matching relies on the caseworker's understanding, knowledge and advocacy of children waiting, as well as the profiles of prospective families. Child-specific recruitment is employed for

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[5] Information drawn from published literature and interview with the Director of Domestic Adoption Programmes, Spence-Chapin.

each case and birth parents are often involved in the matching process for relinquished children, where appropriate.

The children waiting are either in an out-of-home residential setting or a 'medical foster placement'. The special needs adoption programme experiences very low disruption rates, the director attributes this to an overall focus on stability and lifelong access to post-adoption support. Factors that act as barriers in this programme include travel and distance (out-of-state prospective adopters), availability for the transition period and openness to children's understanding of the overall process. To reduce some of these barriers, professional service fees for the special needs adoption programme are waived.

UK Models

Finding Families Together (PACT)

PACT has developed an in-house targeted approach to recruiting prospective adoptive families for children who wait the longest, including children with disabilities. '*Finding Families Together'* is a two-step programme that includes a therapeutic assessment of a child's needs which then informs family finding and adopter training, transition planning and focussed post-placement support. The recruitment strategy used is child-focused which includes individualised profiling and short films. The first step is limited to six months, after which a review is held with the Local Authority partner to decide on the next steps. PACT claims this programme achieves 'outstanding outcomes', but evidence to support this has yet to be published.

STrengths And Risks Matching Tool (STAR - CoramBAAF)

This tool was developed to provide a consistent, service-led approach to matching prospective adoptive families with children. It was developed through professional collaboration and was reliability tested. The tool covers three themes over 34 questions and the given score provides information for professionals to reflect on their confidence in the relative strengths and weaknesses regarding each proposed match.

It can be used:

- as a decision-making tool to identify strengths and risks;
- as a shortlisting tool for the linking process;
- to identify information gaps in the PAR;
- as a reflective tool for professionals to assess confidence in a proposed match;
- to articulate 'gut-feeling' intuitions;
- to strengthen decision-making when matching children with additional/ complex needs;
- for use with prospective adopters to discuss expectations;
- to develop a shared view between professionals;
- to mitigate risks by considering potential vulnerabilities and putting in place appropriate support;
- as a final checklist before panel

Though the tool was developed collaboratively with and for professionals, empirical evidence of its effectiveness has yet to be published.

Scotland's Adoption Register (SAR)[6]

SAR supports agencies in the family-finding process through an online register of children and families (Linkmaker). Regulation in Scotland requires children and families to be referred to the register within three months of being registered for adoption or approved as adopters.

The SAR (with the Association for Fostering, Kinship & Adoption Scotland; AFKA) assists with the information posted on to Linkmaker, through training sessions and information for professionals and prospective adopters. The essence of a good profile comes from interactions with the child. As the SAR manager suggests, "*It's about hearing who this child is now, not looking at the diagnosis. It's going past that label.*" Importantly, SAR continually monitors the profiles to ensure accurate and up-to-date information.

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[6] Information from website, annual report and in conversation with manager of SAR

Some adoptive parents have begun to post short introductory videos of themselves for children and social workers to view, akin to 'reverse matching' described above. One barrier to matching identified by the SAR manager is the quality of the adopters' profiles (hence the training courses). Additionally, there may be further opportunities to improve matching outcomes by focussing on the interaction between family and social worker when compiling Linkmaker profiles. The SAR manager suggested that attitudes to disability in general (on the part of both parties) may contribute to the openness of adopters when considering children with disabilities.

SAR also host events such as adoption exchange days and adoption activity days. The events are for general recruitment and include children with disabilities; the number of children waiting does not make disability-focused events viable. The SAR has put on bespoke recruitment events for specific children. In one case, an event was created for a child with Prader-Willi syndrome, whose needs would develop significantly over time. On the exchange days, prospective adopters attend in small groups at a time and the children's social workers have shorter profiles and videos that appear on Linkmaker so as not to overburden families with information in the early stages.

When asked what improvements to the current system could improve outcomes, the SAR manager highlighted the need for ongoing post-adoption support that includes a focus on enhanced transitions that are identified early and written into an adoption support plan. Further improvements may also be made by raising awareness of disability early in prospective adopters' training. Ideally, this training would include representation of those with lived experience. Systemic issues were also pointed out: children with disabilities tend to come into care older and remain in foster care longer as prolonged medical investigations, aimed at providing substantial information and/ or needs assessment, may delay family finding efforts to such an extent that adoption is no longer considered a viable route to permanency.

Moving to Adoption (UEA) [36]

Moving to Adoption is a non-prescriptive model that supports the transition from care to adoption. The model outlines a set of key principles to be applied in varying policy

and legislative contexts. Though the model aims to support the transition process generally for children, its principles may be particularly useful in supporting transitions for children with additional needs. The stages and principles are outlined below:

- Three stages:
    1. Getting to know each other
    2. Making the move
    3. Supporting relationships after the move
- Key principles:
    - Opportunities for the foster carers and adopters to build a positive relationship should be promoted at an early stage in the moving process, as this is helpful to the success of the move.
    - The child and the adopters should be given opportunities to become familiar with each other through play and observation before adopters undertake any caregiving tasks.
    - All arrangements and timescales should focus on the needs of the child.
    - The child's feelings about the move should be held in mind and responded to sensitively.
    - Some continuity of foster family relationships and environment will support the child in managing the loss of the foster family and building trust in the adoptive family.
    - There should be flexibility in the planning, in consultation with the child, the families and the social workers, to allow for emerging circumstances and needs.

AdoptionUK

Adoption UK has a wide range of services, support and training for adoptees, adopters and professionals. The following services are relevant to the current project:

FASD Hub UK

The FASD hub is a collation of resources and support for *all* families parenting a child or young person with a history of prenatal alcohol exposure. Services include:

- Helpline – advice and guidance, supported by a team of specialist advisors
- Training courses – for parents, carers and professionals (including sessions relating to sleep issues, parenting and education)
- Webinars, podcasts and blogs (information and lived experience)

Psychology and Therapy Hub (PATH)

The hub provides online trauma-informed therapeutic support for adoptive families through the PATHways Programme (previously TESSA), specialised assessment and bespoke individual pathways. The support is delivered by psychologists, therapists and peer experts by experience.

Conclusion

This section aimed to review a range of models, strategies, and approaches used in social work practice for matching and placing children with disabilities in adoptive families. In the main, programmes relating to placing children with disabilities formed a sub-section of wider state strategy or policy, or were independent, non-profit organisations employed by the state. For the majority of the programmes reviewed, the thin evidence base of their effectiveness makes definitive conclusions challenging. However, the outcomes were positive for the few that were independently evaluated (e.g. *WWK and 30 Days to Family)*. Each programme, regardless of location, must consider local policy, legislation, practice and population contexts: one model that fits all does not exist.

Of the models reviewed it would appear that key components include a persistent and dedicated (i.e. focussing on children with disabilities only) recruitment and retention strategy that follows a child-focussed approach, staffed by practitioners experienced in both adoption and disability. The family finding work is intensive and thus requires smaller caseloads and regular monitoring; ongoing training, support

and networking for practitioners also feature in successful programmes. Positive relationships between children and family finders are crucial and involve knowing the children's personalities, over their disabilities. Consequently, profiles are realistic and better aligned with children's needs. The family finder must also develop positive relationships with existing carers and prospective adopters.

Post-placement support for families is another key factor. In the models reviewed, support plans that reflected children's possible future needs, *in addition* to their current needs were well received. It was suggested that plans established early in the matching process (i.e. in discussions once an initial interest had been declared) may contribute to improved outcomes. Recruitment of prospective adopters may also be enhanced by drawing on specialists for specific stages of the model. For example, employing experts in marketing to target specific demographics for recruitment.

It appears, from evaluations of existing programmes and interviews with programme developers, that stigma associated with disability in general (and to some extent the concept of adoption) may have a greater impact on recruitment and retention than expected. Raising awareness of disability, and in particular, how it exists in contemporary contexts, would be beneficial not only for prospective adopters but also for assessing social workers and the courts.

Review of Team Meetings

Introduction

This final section of the scoping exercise for placing children with disabilities with adoptive families sought to elicit messages from current practice. Interviews were conducted to explore issues at all stages of the adoption process. A total of seven individual interviews or focus groups were held with social workers from Children with a Disability Teams[7], adoption recruitment teams and team managers.

Analysis of interviews

Interviews were auto-transcribed using Microsoft 365 and subsequently checked for accuracy and anonymised. To provide a rapid analysis of the collective responses, the transcripts were imported into software for qualitative analysis (NVIVO v1.7.1). Initially, the transcripts were read and coded according to the topics from the interview schedules. During this process, it became apparent that two main themes could be identified that best encapsulated the collective views of the interviewees: the Barriers and Facilitators to placing children with disabilities. Each main theme comprised several sub-themes (Figures 1 & 2) and are described below before summarising the main messages.
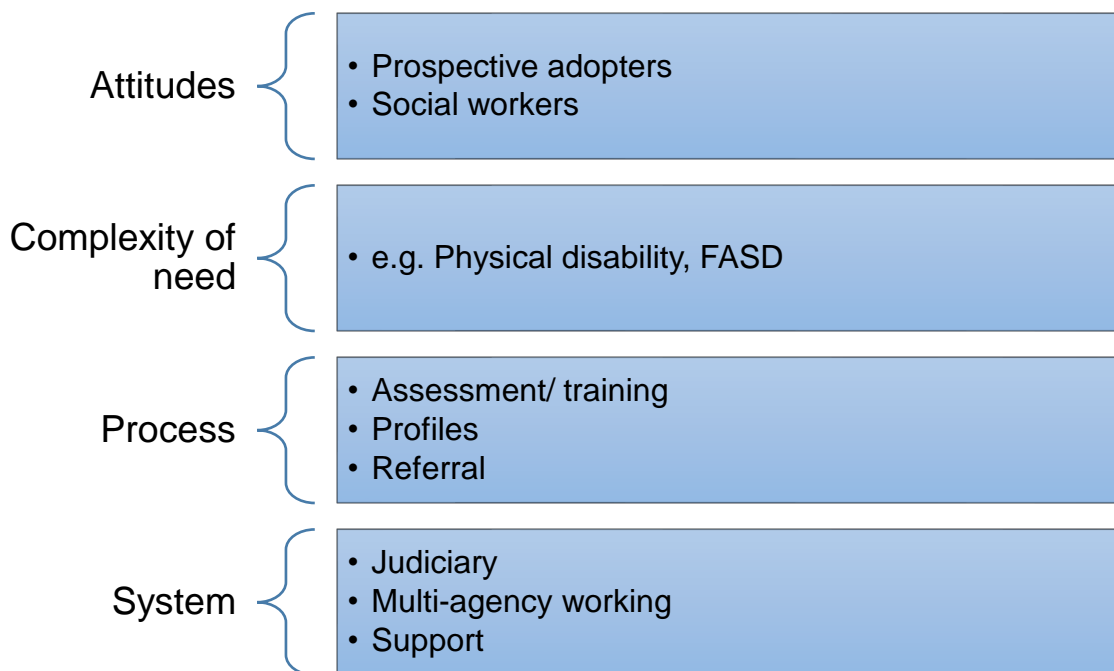
Barriers

Social workers from the disabled services and adoption teams reflected on their experiences and thought that barriers to placing children with disabilities in adoptive families were related to attitudes to disability and adoption, understanding the complexity of children's needs, the adoption process and the system within which the adoption process exists.

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[7] For consistency, this term is used throughout but we acknowledge variation between LAs

Figure 2

Barriers to placing children with disabilities

Attitudes	• Prospective adopters • Social workers
Complexity of need	• e.g. Physical disability, FASD
Process	• Assessment/ training • Profiles • Referral
System	• Judiciary • Multi-agency working • Support

Attitudes

Social workers in the adoption teams described their experiences with prospective adopters during the assessment and training process, as well as experiences with colleagues from other teams within social care.

Prospective adopters

For individuals and couples participating in the adoption process, the nature of their attitude towards, and understanding of, disability was seen by assessing social workers to influence decisions around considering children with disabilities. Developmental uncertainty plays a large role in decisions. Assessing social workers stated that prospective adopters highlighted their concerns about how a disability might develop in the future, particularly about changing needs, as the reason for not considering children with identified disabilities. Some prospective adopters gave the justification of unsuitable accommodation for not considering disabilities in their home assessment, and some instances of adopters noticeably avoiding children with disabilities at activity days were reported.

Some prospective adopters who social workers thought were open to adopting children with disabilities indicated in their home assessment that they wanted their children to be independent as adults, but specifically ruled out known disabilities such as Down's Syndrome or Cerebral Palsy. The social work teams thought that this may be due to limited understanding and experience of disability in general. Conversely, some social workers on family finding teams recalled instances where prospective adopters would consider adopting a child with Down's Syndrome (over other conditions) due to perceived familiarity with the condition.

Social workers

Knowledge, attitudes and views of social workers that may be regarded as barriers to placing more children with disabilities were separated in the analysis according to team membership – either adoption (including family finding) or Children with a Disability Teams. It is important to note that the views *within* each team were also mixed, i.e. the examples given below did not wholly characterise the views and attitudes of the entire team, though often reflected a limited understanding of the nuances of the other's area of expertise.

Attitudes to adoption

For example, the following excerpts from an interview with a Children with a Disability Team belie an outdated view of adoption, particularly about post-placement contact:

> children [are] coming into care a lot older and so it's not necessarily appropriate to destroy those [sibling] relationships and look at adoption

and later:

> It's being more beneficial for the young person to be in long-term fostering or some kind of residential home where we can, I suppose, more easily foster that continuation of the relationship with their birth families. But I don't think we would ever discount [adoption]

In another instance, adoption was ruled out as a route to permanency to keep a sibling group together (one of which has a disability).

Attitudes to disability

Conversely, some responses in the adoption teams made assumptions about the openness of prospective adopters when considering children with disabilities:

> I think there's still a real barrier there to look at well, you know because of their diagnosis or needs. There are very few adopters that would want a child with Down Syndrome or want a child with end-of-life expectancy, you know, whatever it might be.

Whilst this view may be born out of experience, it still may influence the success of routes into permanence.

Pessimism

The belief that adoption was not a possibility was also said to be responsible for the lack of referrals to the adoption team from assessing social workers. It was thought that there was a view that adoptive families would not be found, regardless of effort, and that these views might originate from team managers.

- The team manager sets the tone for the rest of the team; buy-in from senior leadership seems to be key.

Knowledge

A lack of knowledge of children's needs associated with their disability could also lead to a lack of confidence in adoption social workers talking about those children to prospective adopters, which in turn could mean that permanency options were not fully explored. There was a view that the threshold of need for children to access the services of the Children with a Disability Teams varied between local authorities. This was problematic when teams were dealing with several local authorities in their daily duties.

Complexity of need

Another of the potential barriers identified across the teams was related to understanding the complexity of children's needs related to particular disabilities. It was suggested that if the full extent of the complexity of needs (as much as is known or could be reliably predicted) was not shared at the outset with prospective adopters then it could lead to issues later in the assessment process as potential challenges

were revealed that may occur during adolescence. It was thought that the tapering of support in adolescence may be a key factor in current foster carers of children with disabilities not pursuing adoption.

- Initial reluctance on the part of prospective adopters to consider children with disabilities might be overcome by informed discussion, perhaps involving members of the Children with a Disability Teams. There was a consensus, however, that support for children with complex needs should be multi-agency in nature.

FASD

Foetal Alcohol Spectrum Disorder (FASD) is a pervasive disability in a substantial number of children being considered for adoption and warrants separate consideration. It was noted across the teams that prospective adopters' and social workers' knowledge of this condition and its prognosis were not fully understood, especially the longitudinal aspects of developing needs. It is likely that the uncertainty of future needs, especially in adolescence, may well preclude prospective adopters from considering a child with either a formal diagnosis or the possibility of later diagnosis from evidence in birth parents' records.

Process

Assessment/ training

Potential barriers to the adoption of children with a disability within the assessment and training of prospective adopters were also suggested.

Lack of involvement of the Children with a Disability Teams

It was clear from discussions with the Children with a Disability Teams that their involvement with adopted families was mainly, if not exclusively, post-placement.

> In this team is that we have a lot more children that have been adopted that then need support later in life rather than us actually going through, [the] adoption process. I've been in the team for 5½ years, we haven't had one [adoption] [Disabled Children's Team]

The teams had very little experience in pre-placement working e.g. in family finding or assessment of need, which may lead to siloed knowledge of the other teams' work:

> I've recently been allocated a little one who is open to children with disabilities team and in that case, that worker did not have any experience of adoption, and I know we come across that in the children's team as well [FF team]

- Involving the disabled children's teams early in the adoption process may lead to support tailored to a child's specific needs arising from their disability. This is linked to the appropriateness of support offered and highlighted in the following section on p8.

Prospective adopter preparation

The pre-placement training course covers a vast range of topics intended to prepare prospective adopters for adoptive parenthood and family life. The pressures of time constraints in providing a comprehensive programme were noted, however, it was largely thought that more attention to adopting a child with a disability may increase the number of interested adopters for this group of children.

- Social workers felt that increasing awareness of various disabilities may allay some of the uncertainty arising from stereotypical views of disability. Inviting adopters with experience in parenting children with disabilities was suggested as one solution to this issue; however, the difficulty in recruiting experienced adopters for this purpose was noted.

Team working within and between LAs

Possible issues with where the case sits, and how teams work together were also highlighted:

> Some social workers do have assumptions that it's less likely to find a family for a child with a disability, and therefore they might not refer to our agency because of preconceived ideas. … That's in their care planning, but we need to have those conversations in permanency planning meetings. And different authorities at different states in those processes. [FF team]

Other issues related to case responsibility and experience of disability between teams were also raised, as this social worker from an adoption team outlines:

> The safeguarding remains with the safeguarding teams rather than the children's disability teams, and what we found (when I was in the children's disability team) is actually children would take longer to get to the stage where they'd be put forward for adoption 'cause quite often the disability would overshadow some of the safeguarding needs. So, we'd have children come to us where we would be like "Oh my goodness, actually, this disability shouldn't be showing in some of this way, and actually, this is neglect, not necessarily disability."

> But if you haven't got the experience of disability work when you're in the safeguarding teams, it's really hard to sometimes see where the lines are. And we quite often find children are older by the time they come through to be looking at adoptive placements, and obviously then age [is a factor] as well as the disability. [This creates] a longer-term backlog for them and kind of less chance of them being adopted in the first place.

The challenges of working with different systems and protocols across Local Authorities were also suggested as a barrier to placing children with disabilities:

> So, we work with four different local authorities. In each of them have their own procedures and processes for permanency planning and referring into our **agencies** as well. So, we're just completely dependent on that. How they contact us and how we can support them.

Profiles

A key aspect of the general linking and matching process is the construction of the child's profile. For children who are deemed 'hard to place', a profile that maximises the chances of prospective adopters coming forward is essential. There exists a delicate balance between information about the child's personality and needs arising from their disability. As was noted in the section about practice models, successful profiles were deemed to emphasize the child first, rather than the disability. However, realistic information about the child's day-to-day needs and longer-term prognosis should not be shied away from.

Social workers both in the adoption and Children with a Disability Teams wondered how much of the profile was understood by prospective adopters in terms of the child's disability. It was their view that, in some cases, the drive to adopt a child could mask full appreciation of the challenges facing parenting a child with disabilities, leading to withdrawal of interest later in the process, or even significant difficulties post-placement.

Linkmaker is the online platform used in the linking and matching stage of adoption. Some social workers highlighted limitations in Linkmaker's ability to prioritise the child's personality and characteristics, over the more negatively perceived details around disability and need.

Referrals to the children's disability team post-placement
This section concerns referrals to the children's disability team. There are usually 3 routes for referral:

 i.   Single Point of Access (SPA) – a coordinated referral management system run by child and family health (most come through this route)

 ii.   some are made through the Multi-Agency Safeguarding Hub (MASH) (which decides the type of assessment needed (S17, safeguarding or EH))

 iii.   a few from broader children's social work teams

The manager of a team described a complicated system of referral and assessment to ensure support was provided by the appropriate team. One of the challenges indicated was in the timing of the referral. In the Children with a Disability Team's experience, the adoptive family had been supported by the adoption team but a referral was only made to them when a crisis point was reached. The team manager felt that earlier referrals to the specialist disability team (who have access to disability-specific, rather than attachment/ trauma/ therapeutic-specific services) would be instrumental in preventing the escalation of need. However, it is prudent to note again that much of the adoption-related work carried out by Children with a Disability Teams is for established adoptive families, rather than in planning for post-adoption support.

System

Judiciary
The attitudes and beliefs of the judiciary were also seen as a barrier. The role of the courts was mentioned as a potential barrier when judges were considering whether or not to make a placement order. One adoption social worker felt that requests for

data by the courts on the availability of adopters were unreasonable as robust, quantitative data for the likelihood of placement was unavailable. It was felt that the courts prevented family-finding teams from securing a permanent placement through adoption at the outset.

Multi-agency working

Issues of multi-agency working centred on communication between teams and understanding each other's areas of expertise. It was felt that assessment of health needs, including Continuing Health Care funding, was a particular issue; with confusion around which team should be providing (funding) which support. This confusion was felt to delay the provision of support to the child and family. Again, this was mainly about post-placement support and it was suggested that a comprehensive plan of support (including the possibility of an EHCP) agreed *before* placement would encourage prospective adopters to consider a child with a disability.

Support

It is well-documented that post-adoption support contributes to the success of an adoption placement. This was reflected in the discussions across the teams, not only in the frequency with which it was mentioned but also in how it affected the decisions of prospective and established adopters and the outcomes for children. It was thought that the main barrier to placing more children with disabilities was the uncertainty of whether long-term support would be provided. In addition to general issues with support (e.g. access to services), financial aspects were also highlighted.

Issues mentioned included concerns about who would be providing support and whether there was an accurate assessment of needs, an essential component in the development of appropriate support plans. In the referral section above, the involvement of the Children with a Disability Team's ability to provide disability-specific support was noted and it was highlighted again when discussing issues around the provision of support.

> It would seem that a valid argument exists for the Disabled Children's Team being involved early in the assessment/preparation process. Adoption teams who have limited knowledge of disability, may not be aware of

potential services that may contribute to placement success or even increase interest in recruiting.

Variation

Offers of support are compounded by current carer shortages nationally, and further by the range of services offered between LAs and according to type of disability. These issues were most pronounced when placing children outside of the host LA. There was a perception that it was easier to access support for needs arising from a Learning or Physical Disability than those stemming from Autism or challenging behaviour. This may be partly explained by the timing of a diagnosis (in that Learning (e.g. Down's Syndrome) and Physical Disability (e.g. Cerebral Palsy) can be diagnosed from birth) and in understanding the possible range of needs that are associated with a particular disability. However, it may also reflect a real lack of services for children and adults with disabilities.

The issue of foster carers' reluctance to adopt children with disabilities was explained through the stability of their current support package:

> You're much in a much safer position being a foster carer for a child with very, very complex health needs. If there is a risk that things are going to get really tricky and it's going to be a rocky road … we can swoop in and offer that support. You've got an independent review and officer overseeing that plan, you've got the advocate for the young person. They're transition planning into adult. Yeah, all these kinds of things that nice package. [DSC team manager]

Parents of children with disabilities, in general, have to be strong advocates for their children, especially about schooling as there is often a protracted process to get to the desired school. A further complication that new adoptive parents of children with disabilities may not appreciate at the outset is to do with location. Accessing specialist provision can be challenging, especially if the family lives in a large rural LA. Travel time and availability of professionals willing or able to travel across a large area add to the challenges for parents and the teams supporting them.

Finances

The financial aspect of post-adoption support was seen as another major factor, particularly the uncertainty about short- and long-term funding for disability services.

Whilst this applied not just to established adoptive families, it was seen to possibly deter prospective adopters if uncertainty existed around longer-term support.

It was also largely acknowledged in the team discussions that adoptive parenting in general may present additional challenges not faced by biological families; caring for an adoptive child with disabilities was likely to present further challenges. The higher level of care needed for children with a disability might require a change in employment and subsequent loss of earnings. Reduced income and job opportunities were seen as a deterrent.

- Consequently, it was felt that appropriate financial support extended to post-16. should be made available at the outset. Such financial support would enable adoptive parents to change working patterns and cover additional costs.

Facilitators

Alongside identified barriers, facilitators for placing children with adoptive families were identified (Figure 2). It was important to separate those that were from experience, from those that were aspirational. The latter formed the basis of possible recommendations. Three main themes were identified: Specialist knowledge, Process and System.

Specialist knowledge

Disability

Previous exposure to disability, either professionally or personally, was prominent in cases where children with disabilities had been placed in adoptive families. Interviewees thought that prospective adopters who indicated wanting to adopt children with a disability tended to do so because of having experience of disability in life. It was felt that having an understanding and experience of disability led to confidence and more realistic expectations of need, and the inherent challenges.

Figure 3

Facilitators to placing children with disabilities

Specialist knowledge	• Disability
Process	• Profiles • Recruitment/ matching events
System	• Multi-agency working • Support

when accessing support services. Raising awareness of disability, and the associated language, across social work and adoption teams, was thought to be a key factor both in recruitment and preparing prospective adopters:

> I think the challenge is about where we get our adopters from or where we recruit them from. In terms of children just disabled because I think people who understand and have knowledge of the world of disability, or have friends with children who are disabled, or work within disability, <u>have a much better understanding and confidence and see the real attributes of the children</u>, that they could then be linked with. So, for me, I've always thought that that's where we should be directing some of our efforts in terms of recruitment.' [FF team] *emphasis added*

In one LA, a paediatrician who had a specialist interest in adoption and disability met with prospective adopters in the assessment process. In this case, the prospective adopters were able to hear about realistic expectations of disability that were put in non-medical terms – i.e. what the disability might mean day-to-day.

Process

Having highlighted some issues with child profiles earlier in this report, some positive aspects were also identified. For example, a well-considered and constructed profile allowed the opportunity to be open about challenges for parenting children with a disability from the outset, but also to show a realistic picture of how the child's nature and personality need not be overshadowed by a disability. A 'good' profile was considered to be one that presented snippets from several people who knew the child (e.g. foster carer, medical, school); often, a video clip enabled prospective

adopters to get an immediate impression and increased the potential for a meaningful connection.

Recruitment/ matching events

Two types of events were regarded as important for facilitating placing children with disabilities into adoptive families – 'activity days' where prospective adopters meet children in a structured and organised session, and 'knowledge exchange' meetings where prospective adopters meet with people who have key relationships with the child. This might include health and education professionals alongside foster carers and social workers. When activity days were organised sensitively it was seen to provide real opportunities for prospective adopters to make a meaningful connection with the child that might not have occurred by viewing a profile online. Joint events that catered for children with and without disabilities had been successful, some interviewees, however, felt that events solely for children with disabilities may overemphasise the disability.

System

Multi-agency working

When regular communication happened between teams, not only about specific cases but also about roles and responsibilities, a better understanding of each other's worlds occurred and facilitated more meaningful conversations. Good communication between the Children with a Disability Teams and Continuing Health Care was reported, largely due to a shared responsibility for providing service and support. Communication between the Children with a Disability Teams and adoption teams was not as regular but more so on an as-and-when basis.

Support

It was felt that support packages including financial assistance increase the likelihood of matching, though this was based on interviewees' experiences and may be aspirational. Children with complex health needs can be referred to Continuing Health Care for financial support and the budget covers children placed outside of LA, though it is not clear if this applies to LAs nationally.

Summary

This section of the scoping exercise for placing children with disabilities with adoptive families sought to elicit messages from current practice. Interviews with adoption and disabled children's teams were conducted to explore related issues in all stages of the adoption process. Analysis of the interviews highlighted the tension between policy (timely placement of children) and practice (preparation of prospective adopters, access to services).

The barriers and facilitators identified in the analysis spanned the adoption process and were suggestive of the complex and nuanced nature of this area of social work. It is noted that more barriers than facilitators were recognized, which could be reflective of the current situation regarding placement of children with disabilities: i.e. that disabled children are over-represented in the care system and are among the hardest to place with adopters.

The main issues highlighted in this section were attitudes to disability (more so than to adoption) held by prospective adopters and social work teams; how a child is presented to prospective adopters so that the positives are prioritised over potential challenges; how prospective adopters are recruited and prepared; and the support offered to adopters after placement.

It is conceivable that prospective adopters could be searching for the least amount of need at the outset and may be looking for 'healthy' infants, as opposed to older children with additional needs. Uncertainty about disability and post-placement support were reported to be key factors for prospective adopters when considering children with disabilities.

It is also noted that this part of the scoping exercise did not speak to prospective adopters and reflections of their attitudes were from third parties and therefore subject to bias. Assumptions about disability and/ or prospective adopters' attitudes made by some social workers were seemingly made on unsubstantiated or anecdotal evidence. Likewise, accounts of the judiciary believing that prospective adopters would not consider a child with a disability were not verified as this fell out of the scope of the current project.

Conclusion

Based on the interviews, the following suggestions and observations could be considered for the next phase of the project:

Assessment/ recruitment

- to talk with a representative group of prospective adopters to ascertain their views
- to intentionally keep an open mind about the pool of prospective adopters and their intentions
- to consider how clear and realistic communication of challenges faced in early placement, but also later, particularly adolescence, can be made
- to consider the timing of referral and involvement of the Disabled Children's Team. There is an argument to involve them early in the process as they largely deal with children with a disability *after* placement
  - to involve other services (e.g. autism service) in assessment/ preparation /training and support planning
  - explore how accurate assessment of a child's current and future needs could be made from a multi-agency perspective (e.g. involving health, CAMHS, Occupational Therapy, Physiotherapy)
- to explore what other disability services exist and how their involvement in social worker training and prospective adopter preparation could be increased
- to consider additional preparation modules for prospective adopters who show an interest in adopting children with disabilities (similar to the additional early permanence modules)
  - these modules could also be offered to prospective adopters who have been waiting longer
- to clarify the cohort of children and consider the types of children with a disability and how this could shape recruitment, assessment and preparation:
  - Disability diagnosed *in utero*
    - in care from birth, or

- come into care later as needs become insurmountable (with age as a key factor)
  - o Diagnosed post-birth
    - immediately (e.g. child has genetic or chromosomal condition after a false negative amniocentesis test (though this may be rare); or cerebral palsy after trauma at birth)
    - later – as development becomes atypical
  - o Uncertain
    - including children who enter care after severe neglect where it is unclear whether the developmental delay is caused by neglect or genetics.
- It may be informative to know if any of the above groups hold the majority of children waiting to be adopted, or if it is spread evenly across the groups, as this may also influence recruitment and training approaches.
- to consider the typology of prospective adopters as it may inform strategies for recruitment (points 2,3, and 4 could be a continuum):
  - i. foster carers currently caring for children with a disability
  - ii. prospective adopters wanting to adopt children with a disability from the off
  - iii. prospective adopters who become open to adopting children with a disability through raising awareness and discussion
  - iv. prospective adopters who are unwilling to consider children with disabilities

Support

- to consider how a detailed support package could be shared with prospective adopters early in the adoption process
- to consider how a support package can be long-term, including specialist post-adoption support – i.e. SW trained in supporting adoptive families of children with a disability
- to explore the possibility of preferred/ fast-track access to Disabled Children's Team for children with a disability placed

- to explore the feasibility of every child having an EHCP in place before placement (or a fast-tracked EHCP)

- to the feasibility of financial support that enables one carer to be at home, and that support continues into adulthood

- to consider implementing a joint knowledge-exchange day, that comprises specialists and adopters talking to/ with prospective adopters

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Appendix I: Search strategy and method

Stage 1: Identifying the research question

This literature review aimed to rapidly map key concepts, sources and evidence underpinning recruitment, matching and support of adopters of children with disabilities; and also, to identify and summarise national and international research findings in this field. Two research questions were identified:

1. What strategies/ processes/ systems are used in the recruitment and matching of adoptive parents for children with disabilities?

   a. What available evidence exists of the effectiveness of these strategies

2. How are adoptive families of children with disabilities supported post-placement?

Stage 2: Identifying the relevant results

A systematic search of nine electronic databases to identify the corpus of literature was conducted in November 2022 (ASSIA, Cochrane Library, ProQuest, OVID (PsycINFO), SCOPUS, Web of Science, Social Services Abstracts, SCIE online and the Child Welfare Gateway). Search terms were divided into five thematic groups as follows:

i. Children: [child* OR young OR youth* OR adolescen*]

ii. Disability: [disab*; (disab* OR impairment) adj2 (physical OR intellectual OR learning OR cognitive OR multi* OR complex OR sensory OR hearing OR visual OR speech OR language OR intellectual); (autis* OR "ASD" OR asperger*); (learning difficulty adj2 (moderate OR severe OR specific OR (profound adj multiple); FASD OR (f?etal[8] adj alcohol) syndrome; down* adj syndrome]

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[8] '?' is a wildcard used to account for variation in spelling, in this case will search for 'foetal' (UK) and 'fetal' (US)

    iii. Adoption: [adopt*; adopt* adj2 (child* OR famil* OR placement*); permanenc*]

    iv. Processes/ systems: [recruit* OR family find* OR match*]

    v. Support: [support AND (post adj2 (adopt* OR placement*) OR follow-up OR ongoing]

Some minor variations in syntax were made according to the demands of the database interface. For each database, the thematic groups were searched separately and then combined. The identified articles were downloaded into EndNote (v20.4.1; Clarivate). Once all the searches were completed, duplicate articles were identified and removed within EndNote.

Stage 3: Study selection

Titles and abstracts for each article were read and selected if the following criteria were met:

1. Study sample: Adoption of children with physical or cognitive (learning) disabilities

2. Study type: Literature review; case study; Quant and/or Qual; evaluation; meta-analysis; 'grey' literature; briefings; reports

3. Date: 1996-present

4. Adoption-related content: Recruitment and assessment of prospective adopters, linking and/ or matching of prospective adopters with children, or post-placement support.

Articles were excluded if the main focus of need was mental health problems, foster care only or if unavailable in English.

Stage 4: Charting the data

The selected articles were assigned to the following categories, depending on the article's aims and design, it could be placed in multiple categories:

- Needs assessment

- Recruitment

- Linking and matching

- Post-placement support

Stage 5: collating, summarizing and reporting results

A total of 1,819 articles were identified from the initial database searches and a further 15 from additional sources. After removing duplicates, the selection criteria were applied and 25 articles were selected for review (15 from the UK; 7 from the US; 2 from Canada and 1 from New Zealand). Articles were assigned to the categories identified above (some articles covered multiple topics and were assigned to more than one category):

- Needs Assessment (3)

- Recruitment (8)

- Linking and matching (11)

- Post-placement support (7)

Appendix II: Directory of Practice Models

US models:

1. Missouri: Foster and Adoptive Care Coalition (adoption exchange)
   a. 30 DTF Evaluation report: ATKINSON 2019 30 DAYS TO FAMILY EVALUATION.pdf
   b. Website
2. MARE (SRCP) (adoption exchange website)
3. Northwest Adoption Exchange (website)
4. Photo-listing Websites/ galleries
   a. Heart Gallery website
   b. AdoptUSKids website
5. VIRGINIA ADOPTION POLICY.pdf
6. WWK Program Reference Guide.pdf
7. CWIG Diligent Recruitment 2018.pdf
   a. Including overviews of:
      i. Illinois Recruitment and Kin Connection Project (RKCP)
      ii. Mississippi Guided Resource Initiatives Targeting Special Kids (*GRITS)*
      iii. Permanent Families and Lasting Connections Recruitment Project (Clark County, Nevada)
8. Family Finding Evaluation Summary 2015.pdf
9. Spence-Chapin website and SPENCE-CHAPIN INFO LEAFLET.pdf

UK models

10. Finding Families Together PACT 2019.pdf
11. CoramBAAF STAR Matching Tool Summary 2021.pdf
12. Scotland's Adoption Register – latest Annual Report
13. Moving to Adoption (UEA) - website
14. AdoptionUK
    a. FASD Hub - website
    b. Psychology and Therapy Hub - website