

Adoption system fails the most vulnerable

Potential parents wait for more than a year, while youngsters are left in foster care – mainly because local authorities believe adoption agencies are too expensive

By Nina Lakhani

Hundreds of vulnerable children are stuck in foster care because local authorities are short of cash and begrudge paying adoption agencies to place youngsters with families.

Voluntary adoption agencies have nearly 300 approved families waiting to adopt children, despite record numbers of children in care. Some couples have been waiting for more than a year, even though they are eager to adopt "difficult" or "complex" children many families couldn't cope with.

Adoption experts say local authorities are prolonging the time these children spend in foster care, because they believe, wrongly, that paying voluntary agencies is too expensive. The children are left hanging on without a permanent home, while prospective parents, desperate to adopt, wait months for a match.

Ahead of National Adoption Week, which starts tomorrow, agencies have urged the Government to "completely rethink" the way adoption is managed, saying it should purge the system of what it calls perverse financial incentives, and ensure children's needs are put first.

The number of children adopted has fallen every year since 2006 – from 3,700 to 3,200 this year. The downward trend looks set to continue as the number of children placed for adoption by local authorities has nosedived by 23 per cent over the same period. Yet there are more than 64,000 children in care.

There are 32 voluntary agencies across the UK, most of which tend to find homes for children whom local authorities find difficult to place because of their age, health, disability or social problems. Just over 20 per cent of the children adopted last year were placed with families recruited, prepared and supported by voluntary agencies. Nearly a quarter of these were part of a sibling group.

Despite a focus on children with complex needs, fewer than one in 20 placements broke down last year. This compares with a national failure rate of 10 per cent for children aged under 10 and between 20 and 40 per cent for older children. Nevertheless, convincing councils to pay for educational support and therapy for the children has become harder, according to Elizabeth Webb, assistant director of children's services at the agency Tact. The recession has made things worse.

Research suggests that councils' reluctance to use adoption agencies is based on flawed arguments. Work by Bristol University demonstrates that, regardless of whether it is done by a council or an agency, adoption costs about £35,000 per child.

The bulk of these costs arise from paying social workers to monitor foster children, recruiting and assessing parents, foster care and legal fees.

But each child who is not adopted costs the state £25,000 per year and, long term, children in lengthy and unstable care placements do much worse. This costs the taxpayer tens of thousands of pounds more in benefits, prison, health and social care costs, according to Demos, an independent think-tank.

So while local authorities, who must work under annual-set financial constraints, resist paying out a lump sum to agencies for finding families, it is a false economy, say adoption experts. Nor, adds the Consortium of Voluntary Adoption Agencies (CVAA), is it in the best interest of the child.

The agencies stress that they are not-for-profit organisations and, because local authorities pay only £23,000 per adoption, they have a constant need to raise funds to make ends meet. A number recently went into administration or were forced to merge, because local authorities pay only after final adoption papers are signed.

Christine Smith from CVAA said: "Adoption makes economic, emotional and social sense. We want to get to a position when we are working in conjunction with local authorities to find the best family for the child, as quickly as possible, and cost doesn't come into the equation. All we are asking for is a level playing field; for local authorities to recognise that working with us will not cost more, but will actually save money in the long term, especially because we are good at recruiting families able to take more complex children."

Nevertheless, about half of the agencies have seen a decline in inquiries and applications from prospective parents due to worries about job and financial security, according to CVAA

To make matters worse, local authority adoption teams are finding it difficult to compete for scarce resources amid growing numbers of child protection cases since the death of Baby Peter in 2007.

Satwinder Sandhu, director of adoption and fostering at the Pact agency, said some social workers wrongly thought the agencies were making money out of adoption, which was holding back adoptions. "Annual budgets do not work for adoption," he said. "If the money were ring-fenced and local authorities worked in partnership with particular agencies, it would allow everyone to think more long term, and we could make sure the right families were being recruited for the children coming through the care system."

Elizabeth Webb added: "Where are all those children who need a family? We have parents waiting. The longer a child spends in care, the more difficult they are to place with a family, and the harder it is to break the cycle of bad outcomes. Adoption is not just good for the children; it also for society. Public sector cuts always affect the voluntary sector. We know we are often the last choice but this is so short-sighted."

The children's minister Tim Loughton said: "I want to see more children adopted where this is in their best interests – with less delay and better matching. Local

authorities need to work closely with voluntary adoption agencies to improve adoption services and ensure adoptive families are found, particularly for the most difficult to place children."

The Goods

Anna, 30, and Peter, 39, adopted 11-month-old Theodore (Teddy), who has Down's syndrome, earlier this month. He joins their two birth children, Matilda, five, and Philip, three.

"Shortly after Philip was born, we decided to adopt a baby with Down's. I can't really explain why, but these children have a lot to offer. We could not adopt through the local authorities, because they require a gap of at least two years between the adopted child and any other children in the family. Voluntary agencies are more likely to offer children with disabilities because they have access to children from across the country.

"Families for Children was lovely, and we found the adoption process enjoyable, but waiting for a year to find Teddy after we were approved was difficult. Before Teddy we were matched with two other children but both fell through. That was hard: we still think and care about those children.

"We have a close-knit family that gives us a lot of support and Matilda and Philip adore their new brother. He is one of the most smiley, good-natured babies that I have ever come across. Even when he has just woken up he is in a good mood.

"We were open about the adoption process with Matilda and Philip, and if he is able to understand we will tell Teddy about it when he is older. Government provision for the disabled is better here than in a lot of countries, and things may be different by the time Teddy is older. We are delighted with Teddy and, despite the year-long wait to find a match, we wouldn't change a thing."

The Kennedys

Sally, 49, and Adrian, 49, adopted their daughter Jasmine, 10, five years ago.

"When our two sons were grown up we started discussing fostering and adoption. We saw an advert for Families for Children, so decided to go with them. Because we both work in respite care and had previously been cleared to be foster parents, it sped up the very lengthy process. It was heartbreaking to see the same children reappearing repeatedly in the adoption magazine Be My Parent. It was usually the older children who waited longest to find a family.

"We were cleared to adopt children aged between three and 15. We weren't specifically looking for a child with autism but we did want a girl, because we had already had two boys.

"Jasmine goes to a state special needs school which is excellent; there are six other children in her class and the teachers are lovely. We've been lucky: the council paid for a speech therapist to come to our house and has also given us a picture exchange

communication system to help with Jasmine's communication issues. We haven't asked for or received any respite care, but are confident that it will be available when Jasmine gets older.

"Jasmine knows that her birth mother is someone special to her, and has always seen her, despite having been in foster care for most of her life. We think it's important to have a good relationship with Jasmine's birth mother."

The Greens

Kate, 33, and Dan, 30, adopted Harrison, who has foetal alcohol syndrome, in March 2009. Kate has an 11-year-old biological daughter, whom Dan is in the process of adopting.

"When we found out that we were unlikely to conceive naturally, we decided to adopt rather than go through IVF. We started by calling our local authority, but the lady on the telephone made us feel uncomfortable about our reasons for wanting to adopt someone else's child. She had an accusing tone and said that we had to have a CRB check before they could give us any information. After this, we went online and the Adolescent and Children's Trust (Tact) stood out. Tact and our social worker have been amazing and made the adoption process feel incredibly easy. After training and discussion with our social worker we decided that a young boy would suit us because we already have an 11-year-old daughter.

"We actively looked for a disabled child, because we have the time to support him and disabled children find it difficult to find parents, often spending most of their lives in the system.

"When we met Harrison, we knew he had FAS. He was being tube fed and had spent the first four months of his life in hospital. He is nearly three, but weighs just 9kg and is only just fitting into clothes for a one-year-old. The paediatricians at our local hospital have been great. They have made sure we have all the relevant information about occupational therapy and the disability register. Harrison has what is officially called 'failure to thrive' but we can see that he is thriving.

"We have 'letterbox contact' with his mother, and his father died last June. We met them before we adopted Harrison. It was one of the hardest things we have ever had to do."

Interviews by Susannah Butter

www.independent.co.uk/news/uk/home-news/adoption-system-fails-the-most-vulnerable-2121210.html