Adoptive family life and adoption support: policy ambivalence and the development of effective services

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ABSTRACT

Adoption policy and practice in England is being ‘modernized’ in order to increase the number of permanent placements for children in public care. Success depends on improving adoption services as well as reforming the adoption process itself. To this end the Adoption and Children Act 2002 places new duties on local authorities to ensure greater consistency and quality of service in adoption support as well as in care planning.

Questions now arise locally about what priority and focus to give to adoption support. Yet service development is inhibited by the ambivalence of New Labour about exactly what it is that adoption support is supposed to be supporting and how. Funds are limited and service re-organization is always difficult to achieve. However, mixed policy messages result largely from the ambiguous social role and expectations of adoptive family life and kinship. In law adoption replicates the autonomous normative birth family whilst in policy it provides reparative parenting for particularly vulnerable children. A lack of clarity about the claims for support of those affected by adoption results.

This paper argues a fresh case for the distinctive claims of adoptive family life for support. It suggests how new thinking about adoptive family life and kinship might stimulate local service collaboration and effective adoption support.

INTRODUCTION

In England the government project of ‘modernizing adoption’ (Department of Health 2000a, p. 3) has put ‘adoption support’ on the political and professional agenda. This adoption reform promotes permanence in family life by introducing improvements to the child placement process. Much of the Adoption and Children Act 2002 (hereafter ‘the Act’) concerns changes to the administrative and court processes in permanence planning. The National Adoption Standards (Department of Health 2001) provide a benchmark of best practice in care planning. Modernization has also put the spotlight on the quality of local adoption services and their effectiveness. This is to ensure the expansion in the number of placements does not simply lead to an increase in placement or adoption disruptions. The Act includes a number of additional support duties and powers and financial measures designed to underpin the stability and success of adoptive family life, as well as to encourage more people to put themselves forward as new parents for children in care. A standard range of specifically tailored ‘adoption support services’ must now be provided in each locality. Adoption Support Regulations and guidance have been designed to ensure that ‘Better, more consistently available support for adoptive families will help to improve the success of adoptive placements and the outcomes for the children and families involved’ (Department for Education and Skills 2004a, p. 7).
It is much too early to estimate the impact of this ‘adoption project’. The Act will be implemented in 2005. Initial indicators suggest some progress is being made in maximizing the use of adoption as a route to permanent family life. For example, there was nearly a 60% increase in children adopted from local authority care (to 3500 each year) between 1999 and 2003 (Department for Education and Skills 2004b). However, there is a long way to go before the development of adoption support services catch up with the additional demands likely to be created by the new ‘fast-tracking’ approaches to child planning and placement. The most recent survey confirmed official concerns about the patchy nature of provision across the UK (Rushton & Dance 2002).

In these circumstances it is worth stepping back from the policy discourse and limited research evidence to ask some basic questions. Exactly what is it that adoption support is supposed to be supporting, who might expect to have a claim for that support, and how, in practice, should support be provided?

Initial responses to the Act are divided, especially on the question of eligibility. Some commentators emphasize the limitations of the Act, pointing to the fact that new obligations on councils to assess the needs of people affected by adoption for an improved range of ‘adoption-related’ support services will not automatically lead to those services being provided in each case (Cullen 2003). Others have argued, in contrast, that the new entitlements will elevate adoptive families to a privileged position, placing them ‘at the front of the queue for services’ (Masson 2003). Others have argued, in contrast, that the new entitlements will elevate adoptive families to a privileged position, placing them ‘at the front of the queue for services’ (Masson 2003). Masson argues that, whilst adoptive families might legitimately expect to make a special claim on the new range of ‘adoption support’ services, they should not thereby expect to have any prior entitlement to ‘family support’ services in general. This view is consistent with the customary separation of adoption and family support in social work (Tunstall 2003). One fear here is that adoption might capture scarce resources designed for more needy families, especially as adopters ‘may be more aware of their rights, adept at pressing for them and willing to complain if they are refused’ (Masson 2003).

These distinctions are not merely a matter of academic interest. They are now of central concern on the ground as local politicians, managers, professionals and adoptive family members negotiate how best to allocate scarce resources, in line with government expectations. What priority should be given to adoption support? How might adoption support services be linked with additional support to other parents and carers? Are adoptive parents more like foster carers, high on any priority list for extra support, or more like any other parents in the community who have to take their turn, according to their assessed needs and agency eligibility criteria? Should approaches to adoption support replicate conventional case management methods used for children ‘in need’ or ‘at risk’ or does the particular nature of adoptive family life demand fresh thinking in service provision?

In this paper we argue that adoption does indeed represent a distinctive type of family life, an exceptional way of ‘doing’ family and kinship. As such, adoption support should be prioritized and proper attention given to its particular demands. We address later the basis on which we think the claims of adoption for enhanced and ‘adoption-competent’ services (Hart & Luckock 2004) might be made. First, though, we analyse the government policy and legal framework in some detail. Our argument is that government tries to have it both ways. It has reinforced the traditional expectations of the autonomy of the adoptive family and explicitly distinguished adoption from ‘corporate parenting’ and its instability (Lewis 2004). But it has also emphasized the importance to the success of adoption of additional support. This leads to mixed messages being received on the ground and some confusion about which way to move services forward. Analysis of the new legislation and guidance reveals an inherent ambivalence in policy. This is both in relation to the appropriate focus of adoption support services and about the nature of eligibility for those services of the different people affected by adoption. This ambivalence, we argue, can be traced primarily to the ambiguous expectations of the adoptive family and to a persisting uncertainty about how best to understand adoptive family life and kinship itself.

Of course ambiguity and ambivalence are not simply problems of law and policy. They are often at the heart of the personal experiences of adoptive family members (Hart & Luckock 2004). However, policy and professional practice should be expected to help people clarify rather than exacerbate their own uncertainties about what kind of family life they are constructing through adoption.

It is inevitably the case, too, that effective practice in adoption support is compromised by the political and organizational complexities inherent in any attempt to change and develop services. Limited finances, together with conflicting agency and professional interests and objectives, will inhibit progress.
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towards holistic and skilled practice in adoption support as elsewhere. Adoption has to compete for attention and resources with foster and other family care (Department of Health 2002a; Beck & Schofield 2004). However, our argument is that current ambiguity and ambivalence about the social role of adoption and the nature of adoptive family life exacerbates these intrinsic obstacles to effective local collaborations for adoption support itself.

THE TWO FACES OF ADOPTIVE FAMILY LIFE AND KINSHIP

Adoption should provide a ‘fresh start as quickly as possible’ (Department of Health 2000a, p. 6) for children in public care who cannot return home safely to their ‘natural’ parents or relatives. The assumption is that ‘society as a whole has a clear responsibility to provide these children with permanence – a safe, stable and loving family to support them through childhood and beyond’ (Department of Health 2000a, p. 6). But this general exhortation masks two rather different expectations for both the adoptive family itself and for the ‘kinship network’ (Grotevant & McRoy 1998) formed between that family and the birth family legally displaced by the adoption order. What then are these contrasting objectives?

Adoptive family life: normative family status and reparative parenting

Permanence through adoption gives a child a replacement family. The intention is to replicate in law ‘normal’ (birth) family life and relationships. This concern to secure a normative family status for a child, where legal ties to the original, birth family have been severed, has been the primary objective of adoption in the UK since the mid-20th century. From this perspective the adoptive family is like any other once the adoption order is made. Of course family status and family life can now be achieved through a variety of family affiliations of which the conventional conjugal, heterosexual arrangement is just one type. In line with changing norms the Act allows for a corresponding diversity of routes to family status and family life in adoption. This includes adoption by unmarried heterosexual, lesbian and gay couples.

However, when permanence through adoption became an active child welfare policy rather than just a legal fact, a second aspect of adoptive family life had to be emphasized. As well as securing a new and legitimate family status for children, adoption had to provide especially skilled and resourceful parenting. Adoption has become a strategy for the placement of abused, neglected and rejected children with competent new parents. Adoption still has as its aim the replicating of ‘family’ but it must now provide reparative ‘parenting’ as well. It is now a strategy for compensating children, who have been harmed or put at risk by their birth parents, with high quality care as well as a new family.

It is these contrasting expectations that government policy attempts to reconcile. It combines a traditional belief in the importance of the irrevocable transfer of a child to a substitute family with the contemporary concern to ensure that permanent parenting provides compensation for the earlier developmental harms experienced by children. In this respect the government has resisted calls to reduce the emphasis on the substitution of family life and adopt the more inclusive approaches to permanence developed elsewhere, at least for younger children (Roberts & Warman 2003). These approaches are allowed for in policy and legislation but ‘special guardianship’ and enhanced residence orders, together with ‘permanent’ foster care, are all subsidiary to the main thrust of permanence policy. Similarly rejected is a fully contractual model of adoptive family life, in which mutual obligations between the state and the family are agreed and overseen by the courts (Lowe 1997; Ryburn 1998).

A dual set of assumptions follow from the retention of the traditional legal model of adoption as the lynchpin of permanent placement from public care. Adoptive families are expected to become integrated into the community of ‘normal’ families by virtue of their equal legal status. At the same time adoptive parents are expected to gain special recognition for their distinct care-giving role. These contrasting expectations lead to ambivalence when the support needs of the adoptive family are considered. For it is uncertain whether those needs should be normalized, and adoptive families treated in policy and practice like any other family bringing up children, or whether they should be defined as exceptional and attract special measures of support.

The case for normalizing the needs and equalizing the claims of adoptive families follows from their autonomous status. On this basis adoption should establish equal entitlement and access to the services that any other family would get. The case for defining needs as distinctive in adoption and prioritizing the
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claims of adopted children and parents derives from the recognition that their situation is exceptional. This is currently done by reference to the special needs of the children and the additional developmental tasks expected of family members. The claim is that adopted children have to adjust and adapt throughout childhood to an alternative family life experienced in a context of abuse and neglect, separation and loss and that adoptive parents must have access to additional support if they are to facilitate this process successfully (Hart & Luckock 2004). On the ground the implication is not only that additional ‘adoption-related’ services ought to be provided but also that adoption support work should be understood as a specialist skill.

Adoptive kinship: contrasting sources of family belonging

These dual assumptions, about treating the adoptive family as both normal and exceptional, affect the way support needs are understood in the wider family context too. Through adoption it is anticipated that children will not only get a new replacement family status and fresh emotional attachments to more effective parents but also achieve a new sense of family belonging. This combination is what is usually meant when it is said that permanent placement should provide a ‘family for life’ (Triseliotis 1983; Thoburn 2002). Although the concept of family belonging is under-theorized (Luckock & Hart, Family Practices and Family Belonging in Adoption, in preparation) the assumption in both permanence theory and policy is that a feeling of being ‘part of the family’ (Schofield 2002) is crucial. However, the question arises as to what extent adoptive family membership and belonging should include sources of affiliation and identification from the earlier family lives of children. What counts as ‘family’ in adoption? What is the best way to think about adoptive kinship?

These questions are crucial to any consideration of adoption support because the way they are answered has significant implications for the claims that can be made by birth family members (and previous carers) for support and the nature and focus of any services provided to facilitate family belonging and the establishment of a new ‘adoptive kinship network’ (Grotevant & McRoy 1998).

Adoption may enable a ‘fresh start’ to be made in family life but it is also now generally recognized that it cannot simply provide a ‘clean break’ for children. Government may wish to reinforce the irrevocable legal transfer of family belonging but its support policy must also take into account the continuing psychosocial and cultural connections from earlier family life.

Complex questions about identity and contact arise here (see Neil 2003a; Hart & Luckock 2004). For example, children and parents certainly have to ‘hold multiple families in mind’ (Rustin 1999) in adoption but might they also be expected to retain or develop multiple family relationships in practice? The government revival of adoption as a replacement and reclassification of family life for children who cannot live safely with their ‘natural’ parents suggests that traditional assumptions should hold sway. Courts are certainly required by the Act to consider contact plans but when contact is discussed in policy documents it is seen largely as a risk to rather than an enhancement of adoptive family life, residual to the process of creating a fresh sense of family belonging. Nonetheless the balance of research evidence is starting to point the other way, albeit cautiously, towards developing a more inclusive approach to family belonging and kinship in adoption through continuity of contact. This is not only for siblings (Mullender 1999) but for birth parents too (Neil 2003b). Meanwhile policy on contact and belonging in other situations of family transition continues to emphasize the importance of ‘meaningful ongoing relationships’ (Department for Constitutional Affairs et al. 2004, p. 2).

Adoption support policy must then navigate a route through the competing claims and service visions implied by these contrasting perspectives. The central ambiguity of adoptive family life is played out within the wider adoptive kinship network too.

As we will see next, adoption policy is creative in its attempt to reconcile contrasting claims on support arising from this ambiguity. In order to establish a framework of specialist ‘adoption support services’, ensure improved access to them and then integrate this adoption-related support into mainstream services, the Act and related policy initiatives take a twin-track approach. The objective is to develop service capacity and enhance individual access to adoption support that recognizes the ‘adoption-related’ needs of people affected whilst continuing to maintain their normal status within the community of other ordinary families. However, an analysis of the law and procedures that institutionalize this approach suggests the ambiguous expectations of adoptive family life and kinship are only partially accommodated in policy. This then places a great deal of responsibility on local practitioners and family members themselves to manage the contrasting expectations of, and uncertain
ADOPTION SUPPORT POLICY: SERVICE CAPACITY AND INDIVIDUAL ACCESS

The Adoption and Children Act 2002 aims to enhance both the capacity of local services and the access of people affected by adoption to those services. This twin-track approach is expected to ensure the provision of ‘consistently available support’ (Department for Education and Skills 2004a, p. 7). Developing service capacity involves the establishment of a standard range of specialist ‘adoption support services’ in each locality and their integration with other child and family support services. Improvement of individual access is to be achieved by new systems of entitlement to assessment of need for these specialist adoption support services and of decision-making and planning once eligibility is agreed. An additional duty requires the local authority to identify an ‘adoption support services advisor’ (or ASSA) who acts as the lynchpin, having responsibility for both strategic service development and individual service brokerage and support (see Hart & Luckock 2004).

The overall aim is one of ‘mainstreaming adoption support’ (Department of Health 2002a, p. 4). The support services described in the Act and Regulations specifically address the ‘adoption-related needs’ (Department for Education & Skills 2004a, p. 8) of people affected by adoption. The plan is that adoptive family members and others will have their ‘profile as potential users of existing services’ (Department of Health 2002b, p. 4) raised at the same time as having access improved to a more reliable and effective range of specialist supports, designed to meet their particular needs. This is what we mean when we say government policy attempts to have it both ways when it comes to managing the ambiguities of the adoptive family.

Service capacity

The development of service capacity for mainstreamed adoption support is underpinned in three main ways in legislation. The Act defines the ‘adoption support services’ that must be provided in each area, places a duty on local authorities to arrange the provision of those services in a planned and coordinated way and requires the registration of those ‘adoption support agencies’ intending to provide such services on commission. Proposals about the classification of adoption support services indicate where the main focus is intended to fall, whilst those for coordination and commissioning demonstrate the balance that is being sought in policy between normalizing adoptive family life and maintaining a focus on its distinctiveness.

Classification of adoption support services

It is apparent from their specification in the Act and Regulations that adoption support services have been explicitly designed, above all, to reduce the risk of placement or adoptive family breakdown for the new generation of children now being placed in increasing numbers.

The services can best be described as comprising two distinctive types, financial support and professional intervention (Table 1). Financial support includes single, or a series of, lump sums and periodic or regular payments to meet specific assessed needs. Payments can only be made to adoptive parents and they must either facilitate a placement, for example with foster carers or siblings, or meet the serious, long-term special needs of a child in placement and beyond. Adoption support through professional intervention must include support groups, assistance for contact arrangements, services meeting the therapeutic needs of children, services to ensure an adoptive placement or adoption succeeds and counselling, advice and information. Local authorities can pay money to facilitate access to these services, for example travel expenses.

With support for contact arrangements being included in the list the opportunity to construct

<table>
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<th>Table 1 Adoption support services local authorities must arrange</th>
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<tr>
<td><strong>Financial support</strong></td>
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<tr>
<td>Support groups for adoptive parents, adoptive children and</td>
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<tr>
<td>birth parents</td>
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<tr>
<td>Assistance for contact arrangements between adoptive</td>
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<td>children and their natural relatives or with other people</td>
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<td>with whom they share significant relationships, including</td>
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<td>mediation services</td>
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<td>Services in relation to the therapeutic needs of an adoptive</td>
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<td>child</td>
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<tr>
<td>Assistance to support an adoptive placement or adoption</td>
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<tr>
<td>(special needs training and respite care)</td>
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<tr>
<td>Assistance where a disruption has occurred or is in danger</td>
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<td>of occurring, both during the placement period and after the</td>
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<tr>
<td>adoption order has been made</td>
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<tr>
<td>Counselling, advice and information</td>
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services that enhance links across birth, former foster carer and adoptive family boundaries is consolidated. However, the dominant image of adoptive family that emerges in the classification is that of a self-standing ‘family unit’ (Department for Education & Skills 2004a, p. 51) made potentially vulnerable because of special needs and additional tasks, of which the management of contact is but one.

Co-ordination and integration of adoption support services

It is the approach of the Act to the co-ordination of ‘adoption support services’ and their integration with mainstream services that best exemplifies policy ambivalence about the claims of people affected by adoption. Both professional interventions and financial support need to be considered here. In relation to the former, the duty to arrange the provision of adoption support services falls on local authorities. In doing this they must ensure adoption-specific services are provided in conjunction with their other social services and with local voluntary adoption agencies (VAAs). However, whilst there is an additional duty on local authorities to prepare and publish a plan describing available adoption support services, there is no corresponding duty placed on other mainstream service agencies to prioritize their resources for the purposes of adoption support. Specifically, neither local education authorities nor health trusts are required to collaborate with the social services authority in adoption support service planning as a whole.

The government claims that the duty to co-operate to improve child well-being in the Children Act 2004, combined with other policy levers, will ensure adoption support is indeed co-ordinated at the local level on a multi-agency and interprofessional basis (Department for Education and Skills 2004a). These levers include integrated children’s services inspection, the role of the Director of Children’s Services, the National Service Framework for Children and other guidance and standards in relation to child (mental) health, education and special needs. However, whilst it is the case that children ‘looked after’ by local authorities and their carers have prior claims to support services of various kinds specified statutorily, adopted children and their families still do not. In these circumstances the main policy driver is actually that of exhortation. For example the National Adoption Standards (Department of Health 2001) simply assert that ‘Councils will plan and deliver adoption support with local health and education bodies (including schools), voluntary adoption agencies, the local courts and other relevant agencies’ (Department of Health 2001, p. 25). Similarly, official guidance on child and adolescent mental health services tells local authorities that ‘it is vital that adoption services make their own case for additional attention’ (Department for Education and Skills 2004a, p. 34). In lieu of statutory backing it is effectively to local managers, practitioners and family members that the responsibility has been delegated to raise the service profile of the adoptive family within mainstream agencies. This lack of a formal mandate for multi-agency service planning, co-ordination and resourcing in adoption support applies equally at the individual case level, as we will see later.

Arrangements for financial support generally follow a similar logic as those for professional services. The Act, together with Regulations and guidance, attempts to provide a coherent link between (specialist, adoption-related) lump sum or regular payments and (mainstream) benefit and tax credit systems. In this respect the case for enhanced rights for adoptive parents and children has been promoted by the Treasury and Department for Trade and Industry. Changes in the Finance Act 2003 ensured that adoption support payments were to be disregarded for the purpose of income-related benefits and tax credits, whilst the Employment Act 2002 introduced Statutory Adoption Pay and leave and Statutory Paternity Pay and leave from April 2003. These fiscal duties of support will improve the opportunity of those families, when compared with the birth family norm. However, unlike professional support services, additional assistance targeted at adoption-related financial needs is not required to be co-ordinated at a local level. Here the success or failure of the Act’s support duties will depend solely on the adequacy of the resources provided to local authorities by central government to finance adoption payments. The fear of some commentators (Masson 2003) is that insufficient ‘ring-fenced’ funding for these payments will lead managers to take money from the general ‘family support’ pot. However, early indications on the ground suggest that any lack of co-ordination of budgets, in the face of inadequate adoption support funding, will simply lead to severe limitations on payments.

Commissioning and the marketization of adoption support

The registration of ‘adoption support agencies’ (ASAs) and the commissioning of their services
provides the opportunity for the establishment of a market in adoption support. Responsibilities and services can be delegated or contracted out to other social service or education authorities, primary care trusts or VAAs, on a local or regional basis. VAAs, in particular, have for some time provided, on contract, a range of effective support as well as placement services. However, there is now an assumption that the ‘unprecedented growth in the demand for adoption support services’ (Department for Education and Skills 2004a, p. 151) necessitates an expanded use of other, hitherto unregulated, independent providers.

Of course, registration ensures the prescribed services they offer, largely in placement and therapeutic support and in contact mediation and management, are fit for the purpose and appropriately regulated. However, there is clearly a risk that the dislocation of services and escalation of costs inherent in the external purchase of service ‘packages’ (Department for Education and Skills 2004a, p. 151) and ‘specialist’ interventions will be exacerbated in the case of adoption. There is some evidence that ‘complementary’ arrangements can be successful in this field (Luckock 2000). However, there is also a common recognition on the ground that spot purchasing of expensive specialist services, such as assessment and therapy, can drain modest budgets and inhibit the development of in-house expertise.

We have argued that ambivalence about the claims of adoptive families can explain the absence of any robust duties of co-ordination and integration in their case. In these circumstances we fear that specialist service commissioning, especially where it develops reactively in the face of desperate individual demand, may further marginalize as well as fragment adoption support.

**Individual access**

Where service capacity in general is undeveloped and the general priority it is given is uncertain, individual entitlement to the services that are available takes on particular significance. The Act has sought to facilitate improved individual access to support, for some people at least, by placing four main sets of duties and powers on local authorities. They must carry out *assessments of need for adoption support services* during the child placement process and at any time at the request of specified persons. They must *decide whether to provide any of those services*, in the light of the needs assessed and the availability of resources, and then notify the person of that decision. If services are provided, other than on a single occasion, local authorities must *prepare an adoption support plan* following consultation with those affected and then periodically review the support provided under that plan. Finally, they are expected to do all this in *collaboration with other agencies*. Primary Care Trusts and local education authorities have to be notified about adoption support assessments so they can decide whether to provide their services, and VAAs, ASAs and other local authorities can be asked to help in assessment, decision-making and planning.

Consistent with the primary aim of adoption reform, *assessment* for adoption services has to be ‘child-focused’ (Department for Education and Skills 2004a, p. 51). As we have seen, the government ‘fresh start’ model of adoptive family life defines a child-focused approach as one which seeks to combine a new family status and belonging for a child with skilled parenting. A number of consequences follow, first in relation to the *eligibility* of those affected by adoption for assessment and support and second in relation to the *methods* by which assessment is undertaken and support planned, provided and reviewed.

In the first place it is clear that *claims* upon services vary in accordance with the extent to which people affected by adoption are seen as part of adoptive family life. The ‘fresh start’ approach is essentially exclusive, sustaining the conventional ring-fence around the adoptive ‘family unit’, narrowly defined as comprising children and their adoptive parents and relatives. However, pre-existing relationships and contacts with birth parents and people defined in the Act as ‘related’ to the child (for example, siblings and foster carers) are recognized for their importance, in some cases, to children. The Act deals with the tension, between putting a firm boundary around the adoptive ‘family unit’ and at the same time widening that boundary to include previous relationships, by splitting the service eligibility of birth parents.

*Eligibility for assessment* for support of birth parents ‘in their own right’ (Department for Education and Skills 2004a, p. 51) is distinguished from eligibility resulting from the need of a child to maintain contact where a significant relationship continues. Different assessment approaches will apply. In the first case the focus will be on disengagement of family lives, in the second it will be on their continued connection. In an adoption practice culture where there is persisting confusion about the role of contact this split is likely to prove unhelpful. In particular it might safely be predicted that birth parents’ claims for support will remain low down the list as the door to
Adoptive family life is rapidly closed and the family assessment excludes them from subsequent discussion, unless effective contact arrangements are secured at placement. In the meantime the primary targeting of adoption support service assessment and provision, in respect of both financial support and professional intervention, is on adoptive parents and children themselves.

The proposed methods of assessment, planning, provision and review of adoption support needs and services are also informed by the ‘fresh start’ child-focused approach. Much is made in official guidance (Department for Education and Skills 2004a, 2005) about the importance of assessing support needs ‘holistically’ (Department for Education and Skills 2004a, p. 48). To this end an assessment of need for adoption support services should usually be incorporated with one for mainstream services, under Children Act 1989, s.17. This is why practitioners are required to use the Framework for the Assessment of Children and their Families (Department of Health 2000b) and incorporate specific Practice Guidance (Department for Education and Skills 2005) on adoption-related needs into that general model. The use of the Assessment Framework is consistent with the policy aim of integrating adoption-specific and mainstream services and, thereby, treating the adoptive family as both normal and special at the same time.

Unsurprisingly the intrinsic tensions between these contrasting policy commitments lead to ambivalence in the advised approach to practice. This becomes most apparent at the point where a child is finally adopted and professional practices based on child safety and ‘corporate parenting’ responsibilities must give way to those applicable to work with ordinary, autonomous families with extra needs for support. Official guidance is rather confusing, being caught facing both ways.

On the one hand, fairly elaborate systems of assessment, decision-making, planning and review are set out, in an effort to sustain accepted professional and bureaucratic approaches to child-focused and holistic practice with vulnerable children, albeit with a lighter (and cheaper) touch. Here adopted children are sometimes presented almost as if they were still in care, and ‘looked after’ by the local authority, especially for the purposes of assessment. Their adoptive parents appear a little like agency carers or clients, consulted certainly and offered help with co-ordinating services, but to a large extent case-managed nonetheless, albeit from afar in most cases. On the other hand, the most minimal administrative response to requests for help is proposed. Here adoptive parents appear as customers and consumers, to be ‘armed’ (Department for Education & Skills 2004a, p. 49) with information and advice and sent off to, or put in direct contact with, appropriate agencies.

Whether seen as clients or customers, adoptive parents and children are given no prior entitlement in the Act to the multi-agency services that are intended to provide integrated support once their needs are assessed. As was the case with service development, raising the profile of adoptive family members depends on activism at the local level. Official guidance is tame. For example, in respect of special educational needs, it merely states that ‘it would be good practice for schools and adoptive parents to agree and arrange for any tailored services being received by the adoptive child to be appropriately carried forward once an adoption order is made’ (Department for Education & Skills 2004a, p. 36). In these circumstances the capability and influence of the ASSA, and the way in which this role is deployed, is crucial (Hart & Luckock 2004).

Rethinking the support claims of adoptive family life and the focus of ‘adoption-competent’ services

Unquestionably the Act raises the profile of adoptive family life and enhances the claims of those people affected by adoption for support. The specification of a framework of ‘adoption support services’ that must be made available in each local area has put this aspect of parenting and family support on the service map. The attempt to establish an integrated and ‘mainstreamed’ framework of support must be seen as a necessary condition for the consolidation of ‘adoption-competence’ (Hart & Luckock 2004, p. 28) across all services. By this we mean the capacity of multi-agency services as a whole, as well as individual professionals and others, to recognize, understand and respond effectively to the distinctive needs of adoptive family life.

Nonetheless, as we have seen, the Act and its ambivalent approach is not sufficient in itself to convert a raised policy profile into improved practical services on the ground. For this to happen it is apparent that local managers, professional workers and family members will have to find new ways of collaborating. The task is to develop a common vision of what support is really needed, to agree why claims on that support are legitimate rather than presumptuous and to decide which organizational arrangements will
be most likely to provide such support in a skilled and competent way. There is a risk otherwise that policy ambivalence and uncertainty will leave family members and their professional and other supporters stranded. They may get stuck in the service borderlands between the case-managed support (and surveillance) routinely provided by the ‘corporate parent’ to ‘looked after children’ in public care, the reactive ‘child protection’ response of the duty social worker and the episodic supports available to the majority of families expected to provide well enough for themselves.

In concluding this analysis we propose that the invigoration of a responsive culture of adoption support requires a fresh approach to be taken to understanding adoptive family life and kinship and its distinctive claims for support (Hart & Luckock 2004). Instead of attempts to press these claims by emphasizing the special social expectations of adoptive parenting (Lowe 1997), or to limit them by pointing to the autonomy (and consumer power) of adoptive families (Masson 2003), eligibility for adoption support needs to be argued in an alternative way. Adoption is a different way of ‘doing’ family life, and the nature of that difference must be understood if services are to be effective. So what is it that makes the difference distinctive in adoption? And what implications does this have for the nature of local service collaboration?

We think it is time to move on from discussions of difference in adoption that use either normative procreational families or ‘corporate parenting’ models as their benchmark or template. The limitations of current government policy, where both points of reference are drawn on simultaneously, show how difficult it is trying to have it both ways.

When the benchmark for adoptive family life is the procreational family and its life-cycle, difference is defined in terms of the additional ‘adoption-related’ tasks faced by children and parents in ‘adjusting’ or ‘adapting’ to the autonomous family norm (Brodzinsky 1987). The importance of acknowledging and managing this kind of difference has remained at the heart of adoption theory for a generation and more (Kirk 1964). When the template is ‘corporate parenting’, difference is understood in terms of the capacity of adoptive parents to implement care plans designed to enhance child development and achievement.

Both aspects of adoptive family life are recognizable. This is not least to most adoptive parents and children, who would probably continue to vote for a ‘normal’ family life over one that marked them out as ‘odd’ and yet also for the kind of intensive, joined-up services increasingly provided for children still ‘looked after’ in local authority care. Nonetheless, although recognizable, they do not convey the real difference that makes adoption distinctive and its service claims exceptional. This difference derives, we think, from the way adoptive family life and kinship is established rather than simply from the nature of any social tasks that family is expected to perform.

Arguably family life generally has become detached from any normative model as ‘family’ and ‘relatedness’ is increasingly seen as something that is ‘practised’ rather than prescribed (Williams 2004). It has certainly become more ‘social’ as policy shifts from the reinforcement of approved modes of partnering to a concern to enhance effective models of parenting. So it is helpful to see adoption as another way of ‘doing’ family differently in a society of family transitions and differences, where no normative family model provides a benchmark but where social concern about children is pervasive. What makes adoptive family life and kinship distinctive, however, is the fact that its origins lie in an enforced transition and an obligatory collaboration with professionals. Procreational parenting may lose its autonomy (when parenting poses risks) and foster parenting never fully gains it. By contrast adoptive parenting earns its relative autonomy whilst birth parenting loses its for good.

It is this quality of being an autonomous family life, yet formed from the outset through the support and surveillance of the state, that makes adoption distinctive within a community of family differences. It is on this basis that its exceptional claims for support should now be based.

CONCLUSION

Government policy on adoption support provides both opportunities and constraints. However, truly responsive services, which integrate ‘adoption-related’ supports within mainstream agency provisions, require local managers, professional workers and family members to recognize the distinctively and inherently collaborative nature of adoptive family life. The increasingly ‘socialized’ nature of parenting under New Labour has reinvigorated the historic debate about the division of responsibilities for child care between state and parents (National Family and Parenting Institute 2004). Negotiation of responsibilities and entitlements, and of approaches to the design and delivery of services, is becoming the new culture of practice whatever the ‘family’ status. We have
argued that the distinctive and collaborative nature of the origins of adoptive family and kinship makes this all the more so for this type of ‘family practice’. It is on the basis of this recognition that ambiguity and ambivalence in law and policy can be resolved locally and effective adoption support provided.

REFERENCES


