

# Adoption in the Service of Child Protection: An International Interdisciplinary Perspective

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Existing over many centuries, adoption has been challenged in recent years by evidence about practices that do not respond to the principles, ethics and laws under which it should be enacted. Written from a multidisciplinary and international perspective, this article outlines the place of adoption in the child protection system, as well as its core elements of permanence and stability. Recent demographic changes in adoption throughout the world are first examined. The negative consequences of children's exposure to early adversities and the postadoption developmental trajectory of adopted people are also summarized. The focus of the argument is that adoption provides a legitimate model for the alternative care of children if undertaken within a rights and ethics framework that emphasizes children's best interests, as set out in international conventions and national laws. Implications for adoption policy and practice are presented.

*Keywords:* adoption, permanence, law, ethics, policy and practice

Over many centuries, concern for the welfare of children whose birth parents or extended family cannot provide adequate care for them has been an important issue. The alternatives for those children are varied, including abandonment, placement within institutional care or with other families. Among the possible

choices, placement in an adoptive family can offer the most personally, socially and legally stable caregiving option for many children.

Although society has approved of the formal transfer of parental obligations and rights since the ancient Babylonians (1800 BCE),

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adoption has always faced challenging questions that reflect concerns about its intended purpose, processes and outcomes. Over time, the practice of adoption has been challenged by troubling unacceptable evidence about stolen babies, the oppression of birth parents and the abuse and/or neglect of children. Because of these controversies and disturbing accounts, there are strong views expressed that question the concept of adoption or demand very strict limits for its use, only under very extreme circumstances and when nothing else would work for a child. However, there are also equally compelling narratives where the survival of children and their positive development over time would not have happened if it were not for the contribution that adoption made in providing parenting and a family life that is lifelong (Ballard, Goodno, Cochran, & Milbrandt, 2015).

This article considers the implications of adoption and its place in the child protection system from a multidisciplinary international perspective. It is written by academics and practitioners in the fields of law and policy, medicine, psychology and social work. The first author convened this group, diverse in their connections to adoption, their nationalities, and their types of professional adoption expertise, but unified by their joint concern to establish a robust, ethical and evidence informed policy and practice framework. The conclusions drawn in this paper represent the consensus of this group, based on a children's rights perspective, as articulated in international conventions such as the United Nations (UN) Convention on the Rights of the Child (United Nations General Assembly, 1989). The well-being of the children involved (Cross & Hershkowitz, 2017) is another critical component throughout the article.

One of the central arguments of the article is that for children who cannot remain or be reunified in their birth or extended family after the provision of appropriate focused services and interventions to their parents, early placement, stability and legal and relational permanence in a new family in the State of origin must always be prioritized. The child's well-being and lifelong safety, needs and welfare must be the primary focus, including their long-term recovery from maltreatment and relational uncertainty. Exposing the child to high-risk and unstable circumstances while waiting to see if something else would work is not a desirable alternative.

With the purpose of showing the wider sociological framework in which adoption takes place, this article starts with an analysis of recent worldwide changes in adoption demography within the broader framework of demographic changes in child protection. After this, the focus changes to present research evidence on the negative consequences of early maltreatment, as well as on the psychological cost of institutional experiences or family instability. Adoption is then presented as one of the main child protection alternatives, with lifelong permanence as a key objective. Once adopted, a new chapter starts in the life of the child and the outcomes of adoption are examined to identify its benefits, but also the long-term consequences of early adversity and the lifelong nature of adoption. The article continues embedding adoption within a rights and ethics framework as set out in international conventions and delivered through national laws. It is the duty of every country to ensure that such a framework enables all the people affected by adoption to feel both protected and respected. The final section of the article reflects on the policy and practice implications of the previous considerations. All these analyses

refer to adoption as practiced across many countries, but are not necessarily applicable to all cultures and jurisdictions in the world.

### Adoption Demography

According to a UN report, the number of children adopted throughout the world annually was around 260,000 in the middle of the 2000s (United Nations Population Division, 2009). Most of these adoptions occurred in just a few countries: United States (127,000); China (37,000); the Russian Federation (16,000); and Brazil, Canada, France, Germany, Italy, Spain, Ukraine, and the United Kingdom (4,000 to 6,000 each). All countries together, 85% of the adoptions were domestic, but the proportion of domestic versus intercountry adoptions varied a great deal between countries (e.g., 95% intercountry adoptions in Belgium vs. 95% domestic adoptions in the United Kingdom and 54% in Canada). Since the UN report was published a decade ago, important changes have modified the demography of adoption worldwide.

Some of these changes have occurred outside the child protection domain, but might have had an impact on the number of children in need of alternative families or on the number of families who want to adopt as a way of becoming parents:

- The availability of contraception and the possibility of legalized abortion in many countries have significantly reduced unwanted pregnancies. In the years 1990 to 1994 and 2010 to 2014 there was a 30% reduction in developed countries and 16% in developing regions of the world (Bearak, Popinchalk, Alkema, & Sedgh, 2018).
- Around 530,000 babies are born every year through assisted reproductive technologies (ART), with seven million babies born this way since the first in vitro fertilization in 1978 (European Society of Human Reproduction & Embryology, 2018). As ART becomes more effective and less costly, the motivation to adopt is likely to decrease.
- Although precise statistics are not available, it is estimated that by 2013 the number of children born through surrogacy arrangements was higher than the number of intercountry adoptions for the same year (Scherman, Misca, Rotabi, & Selman, 2016). Since then, surrogacy numbers have probably increased and intercountry adoptions have kept decreasing.

Traditionally, adoption focused on the placement of relinquished babies with infertile couples. In Western countries, the numbers of infants placed for adoption decreased in the 1970s resulting from the weakening of stigma regarding single motherhood and nonmarital births, availability of welfare services that enabled mothers to care for their child and the demographic changes outlined in the preceding text. The numbers of relinquished infants' adoptions in high-income countries have been extremely low for the last 40 years (Kahan, 2006).

In recent decades there has been a strong policy focus and values-based commitment to family preservation (such as the 2018 U.S. Family First Prevention Services Law) and reunification, with about half the children returned to their families after being in temporary out-of-home placements (Petersen, Joseph, & Feit, 2014). In parallel, de-institutionalization of children's care has been taking place in an increased number of countries where residential care was the predominant care arrangement (Eurochild,

2017). In the Russian Federation, for instance, the number of children in public residential care decreased by 60% from around 180,000 in 2004 to near 73,000 in 2014 (TransMonEE, 2015). The combined impetus of these two changes has resulted in increased numbers of children in family foster care in the Russian Federation, from about 4,400 at the end of year 2000 to more than 134,000 at the end of 2014 (TransMonEE, 2015). These figures dramatically illustrate the direct impact of de-institutionalization of children on the increase of family-based care.

Regarding adoption, one of the most significant demographic changes is the sharp worldwide reduction in intercountry adoptions starting some years ago (Selman, 2009):

- For many receiving countries, an almost perfect inverted U shape can be drawn, with a steady increase during the 1990s, peaking in 2004 and a steady decrease starting in 2005. In countries with very different adoption traditions (Australia, Spain, Sweden, and the United States), intercountry adoption numbers fell by around 80% to 90% between 2004 and 2017.
- A similar inverted U profile appears in the sending countries. In the Russian Federation, for instance, the number of children adopted abroad rose from around 1,500 in 1993 to around 9,400 in 2004 but then fell to near 1,000 in 2014 (a 90% reduction; Ministry of Education and Science of the Russian Federation, 2015; TransMonEE, 2015). This pattern is comparable to the 83% decrease in intercountry adoptions from China, from around 15,000 in 2005 (Selman, 2009) to less than 2,800 in 2016 (Ministry of Social Affairs of the People's Republic of China, 2018).
- Another factor contributing to the global decline in numbers of children has been the suspension of, or moratorium on intercountry adoptions in specific States of origin. These have often followed the identification of abuse, corruption, crime and children being trafficked for adoption (HCCH, 2015a).

The picture is more diverse in the case of domestic adoptions:

- In the United States, for instance, the number of domestic adoptions increased from around 55,000 in the years 1992–1996 to around 76,000 in the years 2006–2007, and then fell to around 69,000 in 2014 (Jones & Placek, 2017). The profile was similar in the countries of the European Union: There were around 14,000 domestic adoptions in 2004, 20,000 in 2012, and 13,000 in 2014 (Jurviste, Sabbati, Shreeves, & Dimitrova-Stul, 2016).
- A steady decrease has taken place in both the Russian Federation (from around 14,000 domestic adoptions in 1993 to 5,900 in 2015; TransMonEE, 2015) and China (from around 30,000 in 2010 to 16,000 in 2016; Ministry of Social Affairs of the People's Republic of China, 2018).
- The pattern was different in Australia, with a significant decrease from the mid-1990s (around 630 domestic adoptions) to the mid-2000s (around 130), and then a more recent increase (near 250 in 2016; Australian Institute of Health and Welfare, 2017).

In countries where the deinstitutionalization of the care of children and the use of family foster care have a long tradition, a

growing concern about multiple placements and instability has contributed to an emphasis on the importance of permanence.

- In the United States, the Adoption and Safe Families Act of 1997 aimed at promoting permanency for children in care. This had a direct impact on the number of domestic adoptions, with a 40% increase between 1996 and 2007 (Jones & Placek, 2017).
- In England, legislative changes introduced in 2002 increased the number of adoptions from the care system by 170%, from around 2,000 in 1988 to near 5,400 in 2015 (Department for Education, 2018), although recent figures show a fall in these numbers.
- In countries where institutional care for young children still prevails (e.g., Portugal and many countries in Latin America), new legal regulations banning residential care are expected to increase the use of family-based alternatives, including both foster care and adoption.

Finally, as intercountry adoptions have decreased dramatically and domestic adoption numbers shrink in some countries, adopter profiles and types of adoption have expanded. Traditionally, married couples with identified social status were the only people likely to be approved to adopt. More recently, parenting capacity has become the primary assessment issue to be explored as society has become more open about sexual orientation, gender or marital status. This can be illustrated in England, where although most children were placed in 2017 with heterosexual couples (around 3,500), others were placed with single applicants (near 900) or same-sex couples (almost 600; Department for Education, 2018).

Regarding types of adoption, two trends can be observed:

- The first one is illustrated by the U.S. figures for adoptions between October 2013 and September 2014, indicating that 81% of the adoptions nationwide involved children with special needs such as being older, with a developmental delay or disability, or being part of a sibling group (U.S. Children's Bureau, 2016).
- The other is the development of open adoption (with some form of contact between the child and members of the birth family) in an increasing number of countries. As an example, the increase in domestic adoption numbers in Australia is accounted for by one State (New South Wales) where adoption is only available if open, thus facilitating the adoption of children in long-term foster care by their existing foster carers (del Pozo de Bolger, Dunstan, & Kaltner, 2017).

### Consequences of Neglect and Maltreatment in the Family and in Institutional Contexts

In order to function within the normal range of physical, cognitive, and social development, young humans need to encounter circumstances that the evolution of our species defined as necessary to promote adaptation and developmental progress. Neglect and maltreatment create a high-risk environment for the developing fetus, infant, and child and threaten the progress of a healthy developmental trajectory. This is particularly important given the accumulation of sensitive periods for growth and development during childhood. The experience of child maltreatment initiates a probabilistic path involving the chronic dysregulation of normal

developmental progress, with a cascade of problems in physical, neurobiological, cognitive, and socioemotional processes (Cicchetti, 2013).

In those countries where parental neglect and maltreatment in the family are followed by institutional or residential care, routinized schedules and lack of stable and sensitive care from committed caregivers often qualify as “structural neglect” (Van IJzendoorn et al., 2011). The severity of children’s delays and difficulties associated with this type of rearing environment is often significant but may vary across different degrees of institutional deprivation (Woodhouse, Miah, & Rutter, 2018).

Research has documented extensively the negative consequences of neglect, maltreatment and institutionalization on key aspects of children’s growth and development.

- Together with a variety of health problems, linear growth, weight gain, and head circumference are all often diminished (Johnson & Gunnar, 2011; Van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007).
- Neurocognitive impairments have been reported following neglect and maltreatment, with negative consequences on executive functioning, intelligence, language, visual-spatial skills, memory, and academic achievement (Kavanaugh, Dupont-Frechette, Jerskey, & Holler, 2017; Van IJzendoorn, Luijk, & Juffer, 2008).
- Children reared in adverse, neglectful caregiving environments have demonstrated clear increased risk for developing attachment problems, such as insecure disorganized attachments and reactive attachment disorder, with reduced social and emotional reciprocity, as well as disturbed emotion regulation (Lionetti, Pastore, & Barone, 2015; Van IJzendoorn et al., 2011; Zeanah & Gleason, 2015).
- Exposure to neglect, abuse, and severely inadequate caregiving increases the lifetime risk for different psychopathological conditions such as depression, anxiety disorders, posttraumatic stress disorder, and internalizing and externalizing symptoms (Cicchetti & Doyle, 2016).

As shown in Teicher and Samson’s (2016) review, the negative effects of child abuse and neglect can be enduring. Moreover, Nanni, Uher, and Danese’s (2012) meta-analysis suggested slow remission of these difficulties and poor response to pharmacological and psychotherapeutic treatments.

Furthermore, when children with adverse early experiences in the family or in residential care are exposed to unstable foster placements, negative consequences can occur in the domains of growth, behavioral adjustment, mental health, educational achievement, and social integration.

- Regarding growth, caregiving disruptions can adversely affect children’s physical development, including the onset and progression of pubertal development (Johnson et al., 2018).
- For behavioral adjustment, Rubin, O’Reilly, Luan, and Localio (2007) showed a significant increase in behavior problems due to instability alone, and this was unrelated to the baseline problems.
- The number of placement changes has been related to a greater use of outpatient mental health services (James, Landsverk, Slymen, & Leslie, 2004), and placement instability has been associated with a higher risk for offending

trajectories after leaving care (Ryan, Hernandez, & Herz, 2007).

### Child Protection Alternatives

Although most parents look after their children and are committed to their protection and well-being, a smaller number cannot or do not exercise their responsibilities in a way that keeps the child safe and promotes their development through to adulthood. The policies of different countries vary in the way these issues are addressed. However, the Universal Declaration of Human Rights of 1948 established a framework for what would become a legally binding set of international human rights treaties and other measures, including the Convention on the Rights of the Child (United Nations General Assembly, 1989), as we discuss later. This overarching framework has resulted in countries developing laws, policies, and practices to protect children from maltreatment and provide alternatives when these issues cannot be adequately addressed within the child’s timeframe.

Considerable variation exists in the regulation of child protection systems, with a permanent tension between the State’s duty and responsibility to preserve the family through the provision of services while having the power to remove children if they are at significant risk (Gilbert, Parton, & Skivenes, 2011). Despite these differences, within the zones of the world covered in this article, some basic principles shared by contemporary child protection systems are delineated in the following text, along with some of the different emphases and alternatives. The way the child welfare or child protection system operates has been described as a filter and funnel system (Gibbons, Conroy, & Bell, 1995), a pathway with entry, exit, and interconnection points. The temporal sequence and the main alternatives are as follows:

- Once child neglect and maltreatment are suspected, there is an initial professional screening. Cases screened out can be closed or referred elsewhere for support and services. Cases screened in are subject to further investigation to determine the degree of concern, risk and urgency, including a plan to address the issues identified.
- When there is significant harm or risk, critical decisions need to be made. The level of judicial involvement differs between jurisdictions. In some, all child protection decisions are authorized by the court, whereas in others judges are only involved when birth parents appeal child protection decisions and in cases involving changes in legal status and responsibilities. A mixed approach is also possible, with courts and child protection officials sharing decision making.
- For cases not involving immediate and significant harm, family preservation is the first option, and this typically involves the provision of interventions and services to improve family functioning and to avoid the need for out-of-home care.
- When it is identified that remaining with the birth parents is likely to result in significant harm or risk for the child, out-of-home care is needed. In some situations, the extended family may be able to provide alternative care. Where this is not possible, then family-based alternatives, such as foster care, are given priority for most children (Dozier et al., 2014), with group care (residential or insti-

tutional) still being used in some countries. Although the preference for family alternatives started during the second half of the 20th century in many countries, others are only now beginning to move in that direction, a change largely driven by research findings.

Only a small proportion of the children with suspected maltreatment are placed into out-of-home care. For instance, U.S. statistics show that each year more than 3 million referrals are received, involving around 6 million individual children. However, the “filter and funnel” system directs only about 20% of these children into care (Petersen, Joseph, & Feit, 2014).

When a child is removed from his or her family, the first alternative is to explore and enable the possibility of family reunification. Children are typically placed in a temporary family foster home while providing interventions to improve their parents’ capacity to ensure safety and provide loving and appropriate standards of care. Family reunification plans should always bear in mind the importance for the child in establishing a secure, stable and permanent family life. The primary issue is to ensure that children are not in impermanent placements for extended periods. Reported reunification rates for United States (Child Welfare Information Gateway, 2017) and Australia (Fernandez & Lee, 2013) are around 50% to 60%. Some of the reunifications are successful, but there are also cases of system reentry due to abuse and neglect within the reunified family. In the United Kingdom, Farmer (2018) reported one third of returns to out-of-home care within 6 months and up to 65% in 5-year follow-ups, with frequent repetitions of abuse and neglect while with the birth parents.

In many countries, the most common type of out-of-home placements is family foster care, with links with the birth parents preserved and with the parents continuing to be the child’s parents in law. There are a wide range of policies and practices when the child is in need of a permanent placement because returning to their parents is not possible. Long-term or permanent foster care (with kin or strangers) is used when there is no prospect for reunification and adoption is not a possibility. In some countries, guardianship arrangements provide another option: the main parenting responsibilities are transferred to caregivers (typically, members of the extended family) outside of the care system, enabling the guardian to have day-to-day control over the child’s life while the links with the birth parents are maintained. Long-term foster care and guardianship may last until the child’s age of majority or in some cases beyond.

A child can be adopted when the parents give their consent or their parental rights are terminated by a court order without their agreement. When a child is subject to intervention by the child welfare system, adoption is only used for a small minority when compared to other forms of placement. Typically, these are the children where the birth family circumstances are high risk, with continuing identified actual or potential harm for the child. In 2010, 20% of U.S. children in care were judged to be “adoptable” (Petersen et al., 2014), which is higher than in other countries (e.g., 10% in Portugal, Instituto Segurança Social, 2018). Not all children with an adoption plan are placed for adoption—for example, when a suitable family cannot be found or, in some jurisdictions, when children of a legally defined age do not consent to being adopted.

Substantial variation exists in the way different countries regulate adoption:

- In some countries (e.g., Sweden), adoption without parental consent is exceptional, while in others a significant proportion of adoptions occurs without consent (almost 50% in England, for instance).
- In some jurisdictions, but not all, grandparents and other relatives may adopt.
- As discussed in the demography section, an increasing number of jurisdictions allow some form of contact between the adoptees and members of the birth family—open adoption—and allow adoptees access to their records.
- In some countries (e.g., Sweden and The Netherlands), adoption is almost always international, while in others domestic adoption is predominant (e.g., Portugal and the United Kingdom). Still in others (e.g., Australia, France, Italy, Spain, United States) domestic and intercountry adoption coexist with significant figures for both types.

In summary, children are placed into out-of-home care when there is an unacceptable risk of serious and ongoing maltreatment. In most systems, the preference is to place children with families (kin or strangers) rather than in residential settings. The placement can be temporary, with support services being provided to the parents to ensure the child is safely and adequately cared for in a family environment. If family reunification is not viable within the child’s developmentally critical timeframes, there is an urgent need to identify a legally approved permanent plan for the child. In these cases, long-term placements are sought for children through a full or partial transfer of parental responsibility to kin or strangers in foster care or guardianship placements or through adoption. With the exception of adoption, these alternatives typically preserve legal links with the birth parents and last until the child comes of age.

For children at the most serious end of the child welfare “filters and funnel” system, adoption provides permanent new families for the cases where the birth parents’ rights over the child are legally terminated, typically due to evidence of significant harm caused to or likely be caused to the child. Although for the reasons discussed in the demography section the incidence is nowadays much lower than in the past, adoption is also an alternative for orphaned or abandoned children who cannot be cared for by other family members, as well as for those whose birth parents choose not to parent after being fully counseled and supported.

### The Importance of Permanence and Stability

The plight of children in impermanent foster care and other forms of alternative arrangements has been known for some time and lead to the rise of the permanency planning movement (Fein & Maluccio, 1992). In child welfare practice, the word *permanence* is variously used to describe children’s legal care status, placement stability, and relationships with their caregivers (Brodzinsky & Smith, 2019).

- *Legal permanence*, preferably with the child’s biological parents or, when that is not possible, with other caregivers, such as adoptive parents or guardians, affirms the authority and responsibility of these individuals to make all relevant decisions and to take all appropriate actions in

raising a child. An important implication of legal permanence is that the State also relinquishes its guardianship and custody. In other words, not only do children and their caregivers acquire a relationship “in law,” but also the State withdraws from day-to-day involvement in their lives. In the case of adoption, the legal link remains for a lifetime.

- *Residential permanence*, often referred to as *placement stability*, emphasizes the importance of supporting continuity of caregiving in a designated home.
- Finally, *relational permanence* (or *psychological permanence*) refers to the extent to which dyadic and intrafamilial relationships are characterized by (1) close, primary attachments of a child or young person to their caregiver(s) and other family members; (2) reciprocal caregiver bonding to the child, manifesting as unqualified lifelong commitment; and (3) each person having a sense of belonging permanently to each other (i.e., seeing themselves as a family).

The primary policy objective should be to work not only toward legal and residential permanence, but also to prioritize children’s well-being and their connections to significant attachment figures with a view to supporting a felt sense of continuity, nurturance, security, trust and safety in relationships with their caregivers (Brodzinsky & Smith, 2019). Although legal permanence facilitates relational permanence, its influence is more distal than are caregiver motivation and commitment. The quality of caregiving is regulated by the caregivers’ commitment (Dozier, Grasso, Lindheim, & Lewis, 2007), and children need caregivers who feel entitled to assume full responsibility as parents, who are motivated to form an enduring parental bond and who are ready to commit to them permanently and without qualification for the remainder of their lives. For those children for whom it is a possibility, adoption offers lifelong stability that promotes a thorough and deeply ingrained feeling of filiation and permanence (e.g., Rosnati, 2005).

The journey to relational permanence requires caregivers to develop an understanding and acceptance of the child’s attachment- and trauma-related behaviors, and to recognize them as developmental consequences of early maltreatment (Purvis et al., 2015). It also requires that the child gradually starts to attach and belong to the new family. The permanence and stability afforded by adoption facilitate caregivers’ commitment and bonding, as well as the extent to which children are emotionally nurtured (Schofield & Beek, 2018). The most critical therapeutic mechanism for recovery from previous difficulties and achieving relational permanency is that a child is loved unconditionally within the context of age appropriate structure and rules, as well as realistic parental expectations regarding the child and themselves (Ackerman & Dozier, 2005). To support relational permanence and children’s long-term emotional well-being, especially for those youngsters with histories of maltreatment and trauma, it is critical that child welfare policy and practices promote stability in these children’s lives and ensure ready availability of specialized therapeutic support services by well-trained adoption competent clinicians (Brodzinsky, 2013), as we discuss later in this article.

It is also important to emphasize that children and young people can retain varying degrees of relational permanence to people they have lived with previously, including their parents, extended family, siblings, former foster parents, and foster siblings (Cushing,

Samuels, & Kerman, 2014). Child welfare policy and practices have not sufficiently recognized the importance of maintaining established, psychologically permanent relationships when children are placed into care, or move from one care placement to the next, or exit care to guardianship or adoption (Stott & Gustavsson, 2010). This is especially critical for children who enter care at older ages with very established family relationships, as well as for children who are moved from foster parents to adoption by another family.

As we discuss in detail in the following text, placement instability is a common experience encountered by children in care, being less frequent for children in permanent placements (Rollock & White, 2016). Placement disruptions are experienced as acutely stressful events and incur further deterioration in children’s mental health (Newton, Litrownik, & Landsverk, 2000). Placement moves are experienced as a series of losses and rejections that generate negative emotions and beliefs about themselves and their caregivers, degrading their trust in others and their capacity to form close relationships, the effects of which persist into adulthood (Hébert, Lanctôt, & Turcotte, 2016; Milan & Pinderhughes, 2000).

A critical consequence of both planned placement changes and unplanned disruptions is that each change “resets the clock” on a child’s pathway to relational permanence. Close and enduring familial relationships grow over time in dynamic and complex ways, and for children this process is strongly influenced by their previous relationships and any significant losses (e.g., Milan & Pinderhughes, 2000).

Child welfare policy and practice must do everything possible to ensure that legal, residential and relational permanence remains a priority for children in care and that all efforts to achieve these goals are implemented in a timely and professional manner. Among the alternatives in out-of-home placements, adoption facilitates a lifelong experience of belonging, a sense of stability and permanence that promotes recovery from past difficulties and the type of enduring bonding that nurtures psychological and relational well-being. In other words, adoption facilitates all three types of permanence.

### Postadoption Outcomes

Following placement, adopted children show substantial catch-up from their delays in all domains of development and outperform the children who remained in vulnerable families or in institutional care (Van IJzendoorn & Juffer, 2006), although they also lag behind their nonadopted peers in some domains. The term *differential plasticity* (Palacios, Román, Moreno, León, & Peñarrubia, 2014, p. 170) refers to the fact that some domains seem more likely to show improvement, whereas others are less amenable or take longer to change.

The high-quality rearing environment usually found in adoptive families may reduce, though not completely eliminate, the risk of negative health outcomes:

- Rapid recovery in height and weight from preadoption deficits is observed once children are adopted, with a slower and more incomplete profile for head circumference (Johnson & Gunnar, 2011; Van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007).
- Several years after placement, parental perception of their adopted child’s health (Hellerstedt et al., 2008) and the self-perceived health of adopted adolescents

(Berg-Kelly & Eriksson, 1997) are quite positive. Likewise, a Dutch cohort study found that adoptees generally do not use more medication than their nonadopted peers for depression, ADHD or growth inhibition/stimulation (Van Ginkel, Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2016).

- A higher risk of early puberty, particularly in girls, may be related to either adverse experiences prior to adoption or to endocrine changes, such as rapid catch-up growth (Johnson & Gunnar, 2011).

Research shows positive changes in cognitive development and related domains, although the levels of performance may vary between different domains.

- A meta-analysis found no IQ differences between adoptees and nonadopted peers, although adopted children showed more learning problems than their nonadopted peers (Van IJzendoorn, Juffer, & Poelhuis, 2005).
- A Swedish study on cognitive competence and educational achievement (Vinnerljung & Hjern, 2011) found that, although domestic adoptees did less well than their non-adopted counterparts, the adoptees outperformed children in long-term foster care.
- Regarding executive functioning (EF), in adoptions after early institutional deprivation, some aspects of EF present average levels (e.g., rule acquisition and planning, Pollak et al., 2010), whereas in others the negative impact is still evident years afterward (e.g., inattention and overactivity, Sonuga-Barke et al., 2017).

Finally, in adopted children's socioemotional and mental health domains, findings report both the significant benefits of adoption and the persistence of some problems.

- Over time, adopted children's attachment security increases toward a more normative level of security, although the proportion of insecure disorganized attachment is higher in adopted than in nonadopted children (Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009).
- Severe early emotional deprivation may remain associated with disinhibited social engagement behavior (Sonuga-Barke et al., 2017) and with negative thoughts and feelings about close relationships (Raby & Dozier, 2019).
- Most adopted youth are well adjusted, but adoptees as a group have more mental health problems and are overrepresented in mental health services compared with non-adopted peers (Askeland et al., 2017; Barroso, Barbosa-Ducharne, Coelho, Costa, & Silva, 2017).

Some variables are related to the degree of cognitive and socioemotional recovery after adoption:

- Adoptees with substantial preadoption adversity have more behavior problems than those without such experiences (e.g., Juffer & Van IJzendoorn, 2005), and intercountry adoptees from different countries of origin and backgrounds may show divergent and heterogeneous outcomes (e.g., with respect to rates of criminal offending, Van Ginkel, Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2018).

- Adoption at older ages is associated with more problems in cognition and with EF difficulties (Helder, Mulder, & Gunnoe, 2014).
- Higher adoptive mother education and a parental style encouraging greater age-expected behavior contributes to IQ improvements of late-adopted children (Helder et al., 2014).
- Secure attachment increases with sensitive adoptive parenting (Barone, Lionetti, & Green, 2017).

Regarding self and identity development, the main areas covered in adoption research include self-esteem, ethnic identity, adoptive identity, and searching for origins:

- For self-esteem, no significant differences with non-adopted subjects have been reported for domestic, transracial, or international adoptees (Juffer & Van IJzendoorn, 2007).
- Regarding ethnic and racial identity, the benefits of a stronger ethnic identity have been associated with greater psychological well-being (Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008). Children raised in "color-blind" adoptive homes or in homes where parents may acknowledge race differences but fail to discuss them can be unprepared for the discrimination they may encounter when entering the broader world as teenagers and adults (e.g., Ferrari, Rosnati, Canzi, Ballerini, & Ranieri, 2017; Pinderhughes, Matthews, & Zhang, 2016).
- Regarding adoptive identity, adolescents adopted domestically as infants by same-race parents varied considerably in their paths to adoptive identity: Around 50% paid little or no attention to adoption issues, 30% showed high levels of exploration and positive feelings about adoption, and around 20% showed considerable exploration and high negative affect about adoption (Dunbar & Grotevant, 2004). In their mid-20s, those in the last group showed more internalizing problems (Grotevant, Lo, Fiorenzo, & Dunbar, 2017). Positive appraisal of adoption was related to higher levels of well-being in international adoptees (Rushon, Grant, Feast & Simmonds., 2013; Ter Meulen, Smeets, & Juffer, 2019).
- Related to self and identity is adoptees' natural curiosity about their origins. Adolescent adoptees are primarily interested in having an adult understanding of why they were placed for adoption (Wrobel & Dillon, 2009). Emerging adult adoptees (age 21 to 30 years) are primarily interested in knowing about their medical and family health histories (Wrobel & Grotevant, 2019). Searching for birth relatives tends to occur more in young adulthood than in adolescence (Triseliotis, Feast, & Kyle, 2005). In a sample of adult international adoptees, 32% had searched for birth family (Tieman, Van der Ende, & Verhulst, 2008). Whether curiosity becomes demonstrated through information seeking depends on the presence of barriers (e.g., not wanting to hurt parents), as well as facilitators (e.g., feeling ready, having resources; Wrobel, Grotevant, Samek, & Von Korff, 2013). The use of Internet and affordable DNA analytics that can identify biologically related individuals is making search for origins more common.

More research is currently being conducted with adult adoptees. Results have demonstrated overall good adjustment, but also that the duration, intensity, and nature of the deprivation prior to adoption affect postadoption outcomes.

- Despite a poor start, midlife outcomes for women adopted from Hong Kong to the United Kingdom around the age of 2 years were comparable with nonadoptees in educational attainment and mental and physical health (Feast, Grant, Rushton, Simmonds, & Sampeys, 2013).
- A Swedish study comparing siblings with experience of out-of-home care during at least five years, some of whom were adopted before their teen years while others were never adopted, showed that adopted siblings tended to have considerably better outcomes in adult age in educational achievement, income, criminality, disability, and suicidality (Hjern, Vinnerljung, & Brännström, 2019).
- Children adopted internationally to the Netherlands in their early years and followed into adulthood were on par with the general population in terms of socioeconomic success (Schoenmaker et al., 2015; Tieman, Van der Ende, & Verhulst, 2005).
- Although adult adoptees on average have more psychological difficulties than nonadopted persons (e.g., higher levels of depression and anxiety), there is considerable heterogeneity in their psychological well-being. This variability is accounted for by a range of mediating factors, such as age at placement, gender, and quality of relationships within the adoptive family (Melero & Sánchez-Sandoval, 2017).

Adoptees may also encounter postadoption experiences with long-term consequences:

- In open adoption arrangements, satisfaction with contact, rather than existence or type of contact, predicted less externalizing behavior during emerging adulthood (Grotevant, Rueter, Von Korff, & Gonzalez, 2011).
- During adolescence or in adulthood, children adopted transracially into white families may have experiences with a potential negative impact on their well-being: racial discrimination, microaggressions, exposure to negative media portrayals or difficulties in the process of racial/ethnic identity development (e.g., Baden, 2016; Ferrari et al., 2017).

Due in part to the reduction in stigma about adoption and the increased visibility of adoption research in recent times, a growing number of adult adoptees are taking up professional roles in the field and sharing their personal histories. It will be increasingly important for the professionals in the field to acknowledge and learn from these lived experiences (McGinnis, Baden, Kim, & Kim, 2019).

The studies summarized in this section highlight many factors that mediate and moderate adoption outcomes. The literature is also clear that adoptive family structure (e.g., single vs. two parent, gay/lesbian vs. heterosexual, racial background) is less important for outcomes than are family processes, such as sensitivity to the child's needs, open parent-child communication, supportive coparenting, and low stress (e.g., Farr & Paterson, 2013; Johnson et al., 2010).

Finally, the study of adoption outcomes cannot ignore the fact that not all the adoptive placements achieve the intended aim of lifelong legal and psychological connection to the adoptive family. Studies about the incidence of adoption breakdown have reported rates that vary between 1% and 27% depending on the sample characteristics (e.g., infants or special needs), the time span considered, and the quality of the data (Palacios, Rolock, Selwyn, & Barbosa-Ducharme, 2019). Incidence rates tend to be lower in Europe (below 5%) than in the United States (9.5% for preadoption placements and 2.2% for finalized placements, Smith, 2014), and lower for intercountry than for domestic adoptions (Palacios et al., 2019). The incidence rates report known adoption breakdown cases, but there are also others unknown to the authorities. In addition, there are many adoptive families that stay intact, but struggle with relational difficulties (estimated between one quarter and one third of adoptive placements by Smith, 2014).

Adoption breakdown is not usually the consequence of one specific cause, but rather of an accumulation of risk factors (Palacios et al., 2019). Typically, these pertain to characteristics of the child (more preadoption adversity, older age at placement, more troubled behavior), the adoptive parents (e.g., motivations to adopt more centered on the adults' than on the child's needs, inadequate expectations, limited parental skills) and support and service (e.g., insufficient or ineffective pre- and postadoption support). The harmful effects and consequences of placement instability were described earlier in this article.

Taken together, these diverse outcomes demonstrate that adoption needs to be thought of as a lifelong experience, both in terms of benefits and potential difficulties. Three findings stand out: adoption introduces a major positive change in adopted persons' life trajectory. However, there is convincing evidence that preadoption adversity (abuse and neglect, malnutrition, multiple separations) may have substantial short- and long-term negative consequences for adopted children's development. Furthermore, the adopted population is quite heterogeneous, and mediating and moderating effects play important roles in predicting adult outcomes.

### Legal Rules and Ethical Standards Regarding Adoption

The legitimacy of adoption has been rightly challenged as issues have been identified that involve the sale of children, abduction, trafficking and other abuses occurring in different times and places. Adoption policy, law and practice must respect international treaties, domestic legislation and other legal and ethical standards and rules. Adoption should only become a child's plan if it serves the child's immediate and long-term interests and is lawfully decided on a case-by-case basis. This section presents a summary of the fundamental legal and ethical standards that must be considered in relation to the child, the birth family and the actors participating in the adoption procedures.

Legislation and ethical standards on adoption are based on the main binding international treaties in this area. These include the UN Convention on the Rights of the Child (CRC; United Nations General Assembly, 1989), which is the universal expression of consensus on the rights of the child. Also, the 1993 Hague Convention on Protection of Children and Coop-

eration in respect of Intercountry Adoption (HC; HCCH, 1993), which establishes minimum safeguards for the protection of children in intercountry adoption. At the European level, the European Convention on the Adoption of Children (EC; Council of Europe, 1967) and the European Convention on Human Rights (ECHR; Council of Europe, 1950) establish safeguards for children in care and adoption. There are also “soft law” instruments such as 2010 UN Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010), which provide guarantees to ensure the principle of subsidiarity as detailed below. States parties to any of these Conventions should develop domestic rules and procedures to ensure that these international obligations and safeguards are properly regulated and implemented in their territory.

### The Child

The CRC (Art. 21) states that the best interest of the child is the paramount consideration in adoption, above other legitimate interests of the birth or adoptive families (Cantwell, 2014). In line with that, the following principles can be underlined (HCCH, 2008):

- Family is the natural environment and the best place for the growth, well-being and protection of children, and therefore it should be protected (Arts 9, 10 CRC, Preamble HC, Art. 8 ECHR). Children should not be separated from their parents other than where competent authorities determined that such separation is in their best interest (Art. 9 CRC). In their national legal provisions, States should support efforts to keep children in, or return them to, the care of their family. The role of the extended family and community is key.
- If it is not possible for the child to be cared for by her or his family of origin, the relevant authorities as defined in each State regulation should try to find another appropriate and stable family solution, if possible within the same country. In States governed by the Sharia law, *kafala* may be an option. These solutions are subsidiary to the child being raised by his or her family of birth (Art. 21 CRC; Preamble HC).
- While an appropriate and permanent solution is being sought, or in cases where such a solution is not possible or not in the best interests of the child, the most suitable forms of alternative family care should be identified and provided, under conditions that promote the child’s full and harmonious development (United Nations General Assembly, 2010). These alternative family environments should always be ‘good-enough care arrangements’ that serve the basic attachment needs of the child (Van IJzen-doorn, Bakermans-Kranenburg, Duschinsky, & Skinner, in press). Placement in suitable institutions should always be a temporary measure and not used for young children (Dozier et al., 2014). All these decisions should be made within a child-centered time-frame.
- Intercountry adoption shall take place only if the competent authorities of the country of origin have determined, after possibilities for domestic placement have been given due consideration, that an intercountry adoption is in the child’s best interests (principle of subsidiarity, Art. 4 HC; Art. 21 CRC);
- Adoption must not be considered when there are allegations of corruption and trafficking, and in cases of armed conflict or natural disasters (HCCH, 2008).
- Parents from a specific ethnic, cultural, religious, or social heritage, as well as those living in poverty, should never be, by definition, considered incapable of taking care of their children (Arts 2 and 9 CRC; Arts 9 and 15 UN Guidelines). Children should only be declared adoptable if they are orphans, abandoned or exposed to serious risk through the lack of adequate exercise of the parental responsibilities by birth parents. Regrettably, this has not always been the case and children who could have been cared for in their birth families and were not in need of adoption were adopted, while other children in real need of an adoptive family languished in institutions.
- Only children who have been legally declared adoptable should be adopted (Arts 9 and 21 CRC; Arts 4 and 16 HC). The declaration of adoptability—a key stage of any adoption—should always be done by a competent authority after ensuring all the needed checks and balances (HCCH, 2008).
- A child should be declared adoptable before any contact takes place between the birth parents, or any person who has the care of the child, and the prospective adoptive parents (Art. 29 HC). Exceptions to this rule are intrafamily and step-parent adoptions, as well as adoption of foster children by their foster parents where this is permitted. In all cases, prospective adopters should be counseled, need to be declared eligible and suitable to adopt and respect all other legal standards before the adoption takes place.
- Adoptees have the right to know about their origins and have access to information, in so far as permitted by the law of a State. To that end, the information concerning the child (e.g., family and medical history) should be collected and preserved by competent authorities. Having access to that information and doing so with the adequate support to understand and explore it is key to the development of a child’s identity (Arts 7 and 8 CRC; Arts 9, 16, 30, and 31 HC; Art. 22 EC). As with the previous and subsequent provisions, this one should be reflected in each country legal regulation.
- The child has the right to be heard in the administrative and judicial adoption proceedings and should consent to the adoption, when required and in accordance with his or her age and maturity. Consent should only be lawfully given after having been properly counseled and informed (Art. 21 CRC; Art. 4 HC; Art. 17 EC, HCCH 2012).

### The Families

All those who need to consent to the adoption (e.g., persons, institutions, authorities) should do so after being properly informed and counseled about the effects of adoption (Art. 21 CRC; Art. 4 HC; Art. 5 EC). This is especially important in the case of birth mothers. When they are properly informed, counseled and supported, there is a higher likelihood that they will decide to keep and raise their children (Consejo Nacional de Adopciones de Guatemala, 2008). When this happens, and the safety and well-being of the children involved are not at risk, they should receive long-term

support to fully enable them to care for the child (Arts. 5 and 18 CRC).

- Any consent to adoption should be given freely and must not be induced by any type of payment or compensation. It should be given in the required legal form expressed or evidenced in writing and should not have been withdrawn. Birth parents should only give consent after the birth of the child, not immediately or in the postpartum period, but after the period of time established in the law (Art. 4 HC).
- Public authorities may have to consent to the adoption of orphans, abandoned children and those whose parents are unknown. In addition, in many States, in cases of lack of adequate exercise of the parental responsibilities, a competent authority—usually, a court—can deprive the biological parents of their parental rights, even if they do not consent (Doughty, Meakings, & Shelton, 2019; Fenton-Glynn, 2015). Some countries only allow adoptions without consent under very exceptional circumstances. The implications of nonconsensual adoption will be discussed in the following section.
- In the case of prospective adoptive parents, they need to be declared eligible (legal criteria), but also suitable (health and psychosocial criteria) by a competent authority as regulated in each State legislation. They should also receive proper preparation and support services before, during and after the child's placement with them (Art. 5 HC; Art. 9 EC).
- Child–parent(s) matching should always be done by a professional team and be followed by a probationary period supervised by professionals (Art. 20 HC; HCCH, 2008). If this period is successful, and after ensuring that all guarantees have been respected, the relevant competent authority—typically, a court—may issue the adoption decision.
- Postadoption is also key: counseling and support, as well as other services, should be affordable and accessible to adoptees and their families when needed (Art. 9 HC). This support may help identifying and addressing issues in a timely manner.

### Institutions and Bodies

All authorities and bodies taking part in the adoption process should be properly, regularly and closely authorized, supervised and monitored by the relevant authorities (Art. 21 CRC; Arts 6, 10 to 12, 22 and 32 HC). National or State regulations must ensure that they also have the necessary powers and resources to carry their tasks.

Only professionals who are trained and competent in understanding adoption should be responsible for delivering adoption services. They may charge reasonable and lawful fees, but improper gains should be clearly prohibited in adoption (Art. 32 HC; HCCH, 2015b).

States should ensure a clear division of responsibilities between authorities and bodies, as well as proper communication and cooperation at domestic and international levels (Art. 21 CRC; Arts. 1, 7, 9 HC; HCCH, 2012). This is key to ensure that the often scarce resources available for child protection and adoption are well used and the duplication of tasks is avoided.

In conclusion, if an adoption is being considered, there is a wide range of ethical and legal standards to ensure that the best interests of the child is the primary and paramount consideration. While legal and policy developments have been significant, States should not be complacent and should continue monitoring closely the full implementation of the ethical and legal framework to prevent any abuse and illicit practice. In addition, when abuses occur or are discovered, States should address them and provide remedies for the victims. Adopted persons should be properly listened to, respected, accompanied and supported. Adoption is rightly criticized when it is not child-centered and in cases where abuse of any kind was involved. But if it respects all international and national rules and guarantees, adoption may be one of the best alternatives for children who need a family for life.

### Policy and Practice Implications

The research set out in the previous sections has significant implications for legislators, policymakers and professionals, as well as for the delivery of best child-centered practice.

- Family-based care: The evidence clearly shows that family-based care is overwhelmingly preferable to institutional care. Policy and legislation in most countries now support this, but there are still many countries in the world that need to prioritize family care over institutional care in their legal and policy frameworks and day-to-day practice. It is important that they comply with the UN guidelines on children in alternative care recommending stable family solutions that meet the children's basic need for safe and continuous attachment to their caregivers (United Nations General Assembly, 2010, Section II, B.12). This principle indicates not only the preeminence of family over institutional care, but also the need to promote permanent over short-term planning for the child. As discussed in the demography section, the number of adoptions increases when laws reflect these principles and policy embeds them into practice.
- Foster care: In many countries, foster care is the primary model of family-based care and for many children this is the right choice, particularly when family reunification is the plan. However, children placed in foster care may be subject to considerable uncertainty in the permanence of those placements and then there will be the significant question of what happens in their legal progression to adulthood—frequently an accelerated and compressed transition to independence (Stein, 2006). Young men and women who age out of the foster care system without stable, committed, nurturing relationships can face a range of challenging issues from education and employment to mental health and social integration (Rebbe, Nurius, Ahrens, & Courtney, 2017). For all children, there is a core question about their need for permanence through a family life where an enduring sense of stability, security, belonging and commitment are the key factors—in other words, a family for life. Children who are unable to return to their birth families and have no suitable relatives as long-term carers have both a right to and a need for a family life that extends beyond childhood into adulthood. The question

for every child in a foster care placement is whether this is what will happen.

- **Adoption and permanence:** Adoption is clearly one of the answers to this issue. But in those State care systems where adoption is a lawful option, the proportion of children who have adoption as their permanence plan is very small compared to the overall care population. For that group of very vulnerable children, their permanence plan is determined by their individual best interests when their age, needs, welfare and development for the rest of their lives is the core question. The adoption plan is made to ensure that their legal, residential and relational permanence—as discussed earlier—are the priority issues. For all those children whose circumstances make it a viable alternative, adoption should be considered as a placement option, compliant with local laws and ethical standards as set out earlier, including, where appropriate, the child's consent.
- **The challenge of nonconsensual adoption:** Some children might need an alternative permanence plan because of the significant risk to their safety and development if they were to continue to live in their birth families. However, their parents may not agree with the adoption plan. Based on the available evidence, with the child's well-being as the central argument (Cross & Hershkowitz, 2017), professionals must make a child-centered plan that minimizes the risk to the child and maximizes the opportunity in addressing the core issue of the child's need for protection and permanence. The European Court of Human Rights states that “where the maintenance of family ties would harm the child's health and development, a parent is not entitled to insist that such ties be maintained” (Fenton-Glynn, 2015, p. 31). This argument aligns with the requirement by CRC article 3 that in cases of disagreement the State must find the solution that is in the best interest of the child. The balance of the evidence must be shown to fall on the side of a plan that prioritizes the child's safety and well-being in the immediate and longer term, and that adoption is the plan that will best enable this. It is also essential that any evidence in relation to the parents is tested against the evidence as to whether they have the capacity to positively change within the child's developmental timeframe. The adoption plan must be tested in the courts to ensure that both the birth parents' and the child's rights are protected.
- **Minimizing delay:** Research shows that the effects of maltreatment and trauma can be enduring and that a longer delay before adoption will increase the negative effects on child development (Johnson, 2000). Minimizing the exposure to these adverse circumstances is key to reduce damage and to create significant opportunities for recovery and development into the future. Focused and sustained efforts are needed to identify and tackle delays in systems and procedures. The development of practices that facilitate early placement models such as “concurrent planning” and “fostering to adopt” should be explored and implemented (Dibben & Howorth, 2017).
- **Adoptive parenting:** The quality of adoptive parenting has come to be seen as unrelated to simple and restricted categories such as age, gender, sexuality or marital status. A diverse group of adults (e.g., single, gay/lesbian, married or unmarried) can successfully adopt and parent children with a wide range of needs when they are well motivated, fully prepared, appropriately assessed and supported. The diversity of adoptable children's needs is better served by a parallel diversity in prospective adopters' profiles. Parental capacities, motivation, resilience and commitment must take priority over any type of sociodemographic definitions (Golombok, 2015). The uncertainties regarding the long-term recovery from the negative impact of early adversities, as well as the lifelong nature of adoptive identity, require adopters who, with adequate support, are able to respond to the evolving needs of their adopted children. This capacity is key when recruiting, preparing, assessing and supporting adopters. Their tasks are complex and multiple, their expectations need to be reformulated along the way, the challenges from the adoptee can be quite difficult and yet, with due support if needed, they should be able to respond in a positive and appropriate way to their children's characteristics and needs.
- **Sharing information:** Adoption is a powerful intervention but, on its own, cannot be expected to be the answer to every challenge faced by the child or the adopters. To improve the likelihood of successful adoptions, adoptive parents need to be given full information on the child, be educated on the impact and implications of maltreatment, as well as on the adoption life cycle. Similarly, children need to be prepared, and information and photos/mementos of their life stories preserved for them and actively woven into their life story narrative. Thorough assessments of children's needs and potential adopters' competences lead to more secure matches and a more accurate prediction of what might be expected in relation to children's developmental progress and potential (Farmer & Dance, 2016).
- **Contact:** Evidence suggests that, when in a child's best interests, contact with birth relatives and with previous caregivers can be helpful; agencies need to develop plans to facilitate and support this contact. The concept of adoption has moved from being thought of as ‘closed and secret’ to one that recognizes the need for greater openness and transparency and acknowledges the child's history. Transparency also includes the child's right to access their own case records when reaching their majority.
- **Support services:** The availability of well-resourced and accessible pre- and postadoption services is critical for placement stability and the emotional well-being of all family members. This is especially so given the increasing challenges faced by families adopting older and special needs children (Barone, Ozturk, & Lionetti, 2019; Smith, 2014), as well as some long-lasting consequences of early adversity, as reviewed before. Adoptive

tion is a lifelong experience and support may be needed over the life span. Practitioners should ensure that adopters are aware of available support services and reframe support seeking as a family strength rather than shameful or a parenting failure. Birth parent support should also be provided to enable them to manage contact, help resolve issues of loss, and accept the adopters as the parents of their child. Research suggests that those seeking postadoption services often find that mental health professionals do not understand their unique histories, as well as the challenges they face on a day-to-day basis. As a result, the guidance and treatment provided is often ineffective, and, in fact, sometimes does more harm than good. There is a growing consensus that to meet the needs of those touched by adoption mental health professionals need better training in adoption-related issues (Brodzinsky, 2013). In response to this need, a number of postgraduate training programs, as well as online training courses, have been developed, both in the United States and parts of Europe (e.g., Atkinson & Riley, 2017). Research into evidence-based adoption interventions is now underway (Barone et al., 2019; Juffer & Bakermans-Kranenburg, 2018; Quality Improvement Center for Adoption and Guardianship Support and Preservation, 2019).

Adoption continues to be an evolving area of child placement practice. Over time, the models for adoption have been very different both in the problems they were meant to solve and the processes which enabled adoption to happen. Current models are also diverse depending on the country in which they operate and the problems they are intended to solve. The dilemmas, uncertainties and conflicts identified in this article will continue, in part because of the fundamentally embedded belief in every society that children should be raised by their parents and in their birth family. When this is not possible—and there are many reasons why this could be the case—finding a solution is not straightforward and will inevitably stir up powerful feelings. The one thing that is agreed is that the child's safety, needs, welfare and development are the core issues to consider not only in the short term, but also for the rest of their lives. Embedded within this is a fundamental recognition that family life is the basic structure that enables this, and if that cannot be with the family of origin, an alternative permanent family solution must be found. In child protection, there could not be a more fundamental question requiring a robust, meaningful and informed solution. Vulnerable children are at the center of these issues and it is for them that we need an answer.

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