**Successful adoption for disabled children or children with mental health conditions: a systematic review**

**Abstract**

There is limited research in achieving successful permanence for adoption placements involving children with disabilities or mental health conditions.  This systematic review aims to identify existing research findings and enable stakeholders to provide effective support to disabled children in adoptive placements.

A research question and inclusion/exclusion criteria were identified to develop the search strategy. Of the 678 potential papers initially identified seven were considered relevant for the study. Results evidenced that disabled children require effective interventions from adopters to support early development skills, which may prevent future placement breakdowns. Adopters require support in various forms, which can be partially met through training. Organisations need policies that support collaborative working and organisational development to ensure staff are able to provide support to adoptive placements. Effective collaboration between all parties and an effective matching process play a part in successful placements.

The findings can be used to inform future research in the provision of support to specific categories of disabilities. A gap in research was identified in some areas of the adoption system such as birth parents’ contribution to successful adoptive placements or specialist research into children with specific disabilities, such as hearing or visual impairments.

Keywords: disabled children, permanence, adoption

**Introduction**

In 2015 there was a total of 5330 children placed in adoption arrangements in England alone (Department for Education, 2015). Cousins (2006) suggests that 40% of children needing permanence have a disability. This represents a significant portion of children in the adoption system.

Historically, adoption was not seen as a viable option for disabled children. Adoption practice in the 1920s (Keating, 2008) was essentially a service to provide developmentally normal white babies for childless couples. Recent research shows that this rationale is still influential (Bunt, 2014).

The lack of consideration for disabled children in the adoption system continued until 1938, when a report on adoption societies and agencies was produced by the Horsburgh Committee. The report included a recommendation that only healthy children should be immediately put forward for adoption. Disabled children might be reluctantly considered, but adopters had to be fully informed of their conditions and potential conditions that could be developed in later life (Keating, 2008).

The inclusion of disabled children for adoption accelerated in the late 1970s to 1980s mainly due to two factors. Firstly, progress in the medical field improved contraception which meant fewer babies being placed for adoption. Availability of abortion procedures as well as the relaxation of society’s attitudes towards children conceived outside of marriage or committed relationships, meant that the demand outgrew the supply as there were fewer children placed for adoption.  The agencies’ response to this was to put forward more disabled children (Macaskill, 1985).   The second factor was the introduction of the Children Act 1989, which meant local authorities became legally duty-bound to provide both short term and long-term services for disabled children, which included adoption.

Despite all the aforementioned changes potential adopters still tend to hold a negative outlook towards disabled children.  This may be because disabled children do not fit their expectations of a perfect child (Priestley, 2003; Cousins, 2009a).  This was recognised by the then Labour government when they passed the Adoption and Children Act 2002.  The act contained many measures to make the adoption process easier for prospective parents and children. This included a revamped matching process and better support for potential adoptive parents. This improved the chances of finding a placement that could meet all a child’s needs (Bunt, 2014; Howell, 2014).

The Improving Permanence for Looked After Children report (2013) commissioned by the Department of Education, showed that 33% of looked after children in England have at least one placement breakdown. Looked after children includes fostering and residential placements but excludes adopted children. The uncertainties over the best approach to support children with disabilities are compounded by the lack of research in the field, which is acknowledged by researchers who have undertaken studies in this area (Sempik, 2007; Cousins, 2009a; Bunt, 2014).

In particular, there is an absence of research that examines successful adoptive placements or combines previous research which has looked at methods supporting those involved in adoptive placements.  In light of this, a research study into successful adoptive placements is needed. The research question is “What makes adoption successful for disabled children or children with mental health conditions?”

The rationale for restricting the review to UK is that adoption has become subject to a major governmental initiative to increase the number of children placed for adoption (Department for Education, 2014). The reason for the initiative was the decline in adoptions and the increase in the number of children in public care. However, relatively limited research has considered adoption for disabled children. Focussing on disabled children provides an opportunity to contribute to the current debate about adoption in the UK and highlight the specific needs of disabled children within this contemporary debate.

In order to answer the research question, a synthesis of previous literature is required. The most appropriate methodology for this task is a systematic review.  Arguably, a narrative review can serve the same purpose, but as Newman et al. (2005) noted, a narrative review methodology is not bound by the same constraints as a systematic review. This makes the validity of the narrative review results questionable and, crucially, a systematic review will have a more stringent search strategy. This is essential in this review, especially when one considers the limited availability of relevant literature.

A systematic review of the literature regarding adoptive placements and the stakeholders involved would help identify the relevant factors in successful adoptive placements. The first objective was to establish and filter relevant research from a range of sources. The focus then moved on to the second objective, identifying the common factors which go to make a successful adoptive placement. This allowed the authors to review the relevant issues and recommendations for improving the prospects of future adoptive placements. This was achieved by appraising and extracting relevant data.

The third objective was to organise the data into a presentable and coherent framework, which can serve as a blueprint for future researchers. The last objective was achieved by the systematic review’s methods of transparency, accountability and thoroughness to ensure that the whole process was carried out in a systematic manner.

It is envisaged that the findings of this systematic review will enhance understanding of the factors which contribute to successful adoptive placements for these children. The review also suggests measures that need to be implemented to promote the success of future adoptive placements.  It is hoped that the result will add to the limited field of research regarding disabled children in the adoption system. The review also will contribute to the existing limited research to develop future ways to improve successful adoptive permanence for disabled children or children with mental health conditions

**Methodology**

Systematic reviews are highly thought of in terms of their quality, accountability and comprehensiveness.  The researchers are expected to be transparent and open in their conduct of systematic reviews (Newman et al., 2005). There were four key stages in the search process: PEO, search, abstract read, full text read. To ensure the precision of the search strategy (Taylor et al., 2003), the search terms used ‘‘ ’’ to group terms and \* for the truncation of terms. Boolean (AND/ OR) operators were used. The search terms were:

Disabled child\* OR child\* with disabilit\* AND adoption

Disabled teen\* OR teen\* with disabilit\* AND adoption

Disabled adolescen\* OR adolescen\* with disabilit\* AND adoption

Child\* with mental health AND adoption

Teen\* with mental health AND adoption

Adolescen\* with mental health AND adoption

These search terms were run 6 times for each combination of terms and each combination was run through each database. A similar approach was adopted for hand search and gray literature. The abstract of each identified paper was read. Papers were filtered out: see Figure 1 Search Strategy Flowchart. Search terms were adapted where necessary to be compatible with search functions and syntax of each database.

The database search commenced with a run through of each of the search terms developed previously.  The time period of the search was January to March 2016.The following databases were selected for the search- Cochrane Library of Systematic Reviews, Campbell Collaboration, Scopus, Social Care Online and finally SocIndex which also have PyscINFO and PyscArticles embedded within its database.

SocIndex and Social Care Online were selected for their focus on social work articles. PsycINFO and PsycArticles were selected because they contained articles about people with mental health issues. Scopus was selected because it has articles on social sciences, which may be relevant for relationships between adopters and disabled children. The Cochrane Library and Campbell Collaboration were selected because they contain systematic reviews.

Limiters were also applied according to the inclusion and exclusion criteria for the study (Fig 1). These included conditions that only studies produced between 2005-2016, written in English and based in UK were returned in the search. However, it is noted that some databases do not have features that allow the application of these limiters.

Once duplicate papers were excluded, full abstracts were read. Pawson (2006) identified the danger of missing relevant papers due to humorous or enigmatic titles which do not capture their content.

Hand searching was also undertaken. The two main hand search methods employed in this review were derived from Aveyard (2010): the use of bibliographical searches and author searches to supplement the search strategy.  A bibliographical search is where bibliographies of all appropriate articles, collected for the review, are searched for further articles that may be relevant for the systematic review. An author search is when the name of an author is entered in databases as a separate search term. This is recommended when the said author is a specialist in the field that systematic reviews are interested in.

**INSERT ABOUT HERE Table 1: Inclusion and Exclusion table**

PEO (Population, Experience, Outcomes) was used to identify the different parts of the question. PEO is normally used for qualitative type questions. The PEO criteria were originally designed to select studies that focus on placed children but it was decided it might be also beneficial to include studies that concentrate on other stakeholders such as adopters as these studies will offer alternative viewpoints on requirements for successful adoptive placements.

The definition of success in each adoptive placement has proved to be rather problematic for this review as it is a subjective concept depending on many variables. This is reflected in draft statutory guidance on adoption set out by Department of Education (2014). Page 73 of the guidance recommends that indicators for success should be determined by local authorities on a case by case basis. One may focus the concept of success on adoption permanency where the child has settled fully into an adoptive placement to an extent where placement breakdown appears to be unlikely which was the case in some publications (Triseliotis et al., 1995; Baker, 2011). Others see success in broader terms such as satisfactory educational attainment, sense of identity, stabilised mental and physical wellbeing, attachment between child and family, and the development of social and life skills (Sellick et al., 2004).

Alternative viewpoints other than the child offered some suggestions to improve adoption permanence. Sydney and Price (2015) discussed contact between adopters and birth family. Sellick et al. (2004) mused success of adoptions is not dependent on the child alone and must also factor in the needs of adopters and adopted siblings such as their mental and emotional wellbeing. It is worth noting that there was a lack of discussion on specific outcomes needed to adequately measure success of adoptive placements involving disabled children.

It is anticipated that the bulk of studies to be analysed in this review are likely to be qualitative. This means there will be heterogeneity between studies including clinical heterogeneity where it is expected that there will be a variance between outcomes of each studies which will have their own respective views on success of adoptive placements in their studies. Clinical heterogeneity occurs when there are differences in participant characteristics (e.g., sex, age, ethnicity), and the types of interventions. This heterogeneity can cause significant statistical heterogeneity and an inaccurate summary. Pope et al. (2007:105) conceded that the lack of a comprehensive encompassing framework for heterogeneity meant the application of some elements in systematic reviews, is open to creative interpretation and the discretion of the reviewer.

Identifying what makes a successful adoption is difficult but it is the core purpose in placement matching. Focusing on what makes adoptions successful in this review will contribute to the available research and build upon the knowledge base and improve outcomes in adoption. It is suggested that a definition of successful adoptions can be defined as: long-term adoptive placements that do not suffer breakdowns. This interpretation may appear to be simplistic. However, it will mean that all studies with varying interpretations of successful adoptive placements will be able to meet the outcome PEO criteria (Fig 1). It is envisaged that the systematic review methodology will allow for the closer analysis of these interpretations later in this review in order to gain more understanding into how successful adoptive placements can be defined.

**INSERT ABOUT HERE Figure 1 Search Strategy Flowchart**

**Results**

The flowchart (Fig 2) shows that there was a total of 678 documentations returned in a combined search of seven databases and grey literature**.** Grey literature is material that is not produced within normal academic publications. Usually, it includes reports and policy documents. Cochrane returned 44 results, Scopus 66, SocIndex 208, Social Care Online 330 and Campbell 22.

Once the duplicates were excluded, the full abstract was read. Pawson (2006) makes the point that the reviewer can miss relevant documentation due to enigmatic titles which do not capture their content. This task was made easier because of the design of Social Care Online and Socindex databases, both of which display abstracts with titles. 460 results were excluded with 30 remaining documentations being filtered for full reading. A further 20 documents failed to meet PEO criteria (Fig 1). Full reading is necessary because it is not always clear from the abstract whether a paper has met the PEO criteria (Fig 1). A bibliographical check was used to review citations in articles to identify relevant papers not already selected. The bibliographical search was not as successful as hoped; it is felt that this was down to the paucity of research that crossed both adoptive placements and disabled children.

**INSERT ABOUT HERE Table 2 Narrative Summary Table**

The selection of the seven studies were guided by PEO criteria (Fig 1). The studies are identified by the numbers used in the narrative summary table 1.

Five of the studies that met PEO criteria (Fig 1) were qualitative, the remaining two studies were both qualitative and quantitative in approach. Most of the studies derived their qualitative data from a mixture of interviews, questionnaires, case studies, focus groups and literature reviews. Some studies conducted assessments or questionnaires to capture the efficiency of interventions such as training courses for adoptive parents or play therapies, they were also used as a measuring tool to evaluate disabled children or adopters.

Subjects of these studies were varied with only two studies addressing the same impairment type. There were some studies which took a generic overview of all disabilities or mental ill-health. Most studies explored good practice and the challenges of working with disabled children in the adoption system. However, two studies examined the efficacy of interventions in the shape of a training programme and a play therapy programme. There were two more studies which looked at multi-disciplinary working and the adoption process.

Three predetermined organising themes (Bettany-Saltikov and McSherry , 2016) were chosen: the child, the adopters, and organisations. The rationale for these themes was that they provided a clear outcome -focused approach to identify the relevant findings. Braun and Clarke’s (2006) thematic approach was used to develop the thematic analysis within these overarching themes. Each theme is discussed below.

**The child**

The wellbeing and happiness of the child is crucial for the stability of adoptive placements. Various studies have explored numerous measures that can make positive contributions towards the wellbeing of the child. The need for positive early child development is endorsed by studies (1, 5), reducing future interventions which may risk placement stability. Many early interventions could be short-term with a focus on supporting and stabilising adoptive placement in the early days. Examples of interventions could be as simple as individual meetings with adoptive parents or the adopters and the child. Training could be complemented with comprehensive exploration of topics such as the emotional and developmental needs of babies and young children, attachment, and the impact of trauma and loss on a child’s development (1). This is also reflected in the intervention approach taken by study 3. The study suggested that a training programme for adopters should include sessions on how to develop children’s play and basic interaction skills. This helps children to develop their social interaction and development skills (3, 6).

Early interventions could prevent adoptive placement breakdown and ensure success. It is common for disabled children to be placed in adoptive placements far away from local authorities due to shortage of specialised placements. There were several recommendations for interventions such as the consideration of frequency of visits and strategies to overcome long distance visits. Some studies (6, 7) discussed the level of support needed in long-term interventions. These included regular reviews of care packages by knowledgeable professionals trained to detect the early signs of any issues (7) and finally, for a single lead professional to be assigned to manage and provide support so as to prevent multiple appointments with different professionals, with conflicting advice (7).

Various studies discussed the type of support that children need for their adoptive placements to be successful.  Studies 3 and 6 outlined how person-centred support can be achieved, ensuring that all support be built around children’s aspirations (2) or relationship with their family members (6) such as 1:1 care for children with foetal alcohol spectrum disorder (4).

**Adopters**

Adopters are expected to carry out the day-to-day care in each placement. Therefore, they will need to receive sufficient support in different areas to ensure that they are fully equipped to be comfortable enough to give the necessary nurturing, emotional and physical support to meet each child’s needs. Sufficient support at a minimum means that adopters are provided with relevant information about their child, emotional support when they feel isolated or frustrated and appropriate resources such as respite (4). Adopters can feel isolated when looking after a disabled child and providing support can reduce this sense of isolation (4).

Some studies in this review including one specific study which looked at the implementation of training courses (3) argued for the need for training for adopters (1, 4,5,7). The benefits of training are as follows: increased understanding of parenting skills to meet children’s needs (1,5,7); developing positive relationships (3); reducing challenging behaviour by children (4); increased placement stability (3); and, understanding how to request support from organisations (4,7).  There was also evidence of training being received favourably by adopters in studies 3 and 5. In study no.3 adopters highlighted the opportunity to network with other similar adopters as one of the side benefits of training.

For adoptive placements to succeed, adopters need to receive sufficient support to perform their caring duties (2,3). Support can be given through training (3,4), financial support to ease the cost of training (3), opportunities to network with other adopters (3), emotional support (5,6), and therapeutic intervention from social services (6).

Sufficient support will significantly reduce any stress and depression that can have an impact on parenting skills (3, 4). This will also have the additional beneficial effect of increasing the health, wellbeing and educational attainment of looked after children (3). Study 4 commented that support must be easy to access and reliable as some adopters became stressed whilst trying to access sufficient support. For children with complex needs it is necessary for support to be long-term (6) and to be able to continue into adulthood. One study (6) explored the long-term intervention provided to an adopted child. The findings of this paper indicated that support for adopters had to be part of any therapeutic work with an adopted child. Accordingly, parents were given regular slots with a clinical psychologist as part of the 1:1 therapeutic work with the child.

**Organisations**

It has been discussed what kind of support that children and adopters need to achieve permanence. The main external source of various forms of support is from organisations. These organisations will be expected to deliver support and ensure all components are in place to maximise chances for stable adoptive placements. The following studies have identified areas that organisations need to consider to provide robust support for placements.

Organisations have a crucial mandate to ensure they are as transparent as possible regarding children’s needs/interests/profile (4) and to manage disclosures, in order to not mislead adopters regarding the children’s needs. There is potential for further research into understanding which groups of adopters are more compatible and suitable for each group of children (4). Organisations in possession of this kind of knowledge are more likely to secure successful adoptive placements because they will be making compatible matches. The provision of better training (4) and more effective data recording to understand the local demographic context can achieve this goal.

Better knowledge and awareness of disability and mental health needs by adopters improved the likelihood of successful adoptive placements (4). Study 1 found that adoptive parents were more likely to accept children where their prognosis was known, no matter how severe and that they do not seem to be influenced by impairment disclosures, if the organisations are not misleading. Adopters with stronger awareness of their children’s own needs can use their knowledge to educate others to be more effective parents (4).

It is also beneficial for organisations to be aware of disability and mental health needs (2, 4, 5,). Organisations at times did not provide relevant information and organisations lacked knowledge of a child’s impairments and needs (4). Organisations with the relevant expertise can support effective communication and interventions. Organisations that are aware of a child’s support needs produce better placement planning (1). Understanding family structures helps organisations place children with more suitable families who can best meet the children’s needs (4, 5).

The benefits of collaboration were increased information and sharing of information about children’s needs (4), shared skills and resources which increased the range of adoptive placements options to meet those needs (3, 4). Improved collaboration will increase the confidence in decision making on the adoption of children with significant needs (4). Better collaboration will also result in more effective relationships between children, adopters and organisations (5, 8).

The need for collaboration to enhance chances of successful adoptive placements is not restricted to effective communication with service users but also communication between professionals in multi-disciplinary services (1, 2, 7).  Study 7 in particular was interested in the notion of inter-agency collaboration and outlined factors that were needed for multi-disciplinary agencies to succeed. Key steps (7) to encourage interagency working with disabled adopted children and their families included:

* Management structure is needed prepared to encourage and give time to service development
* Building team identity
* Shared vision

**Discussion**

The review has identified a significant gap in research on the relationship between disabilities or mental health conditions and adoption.  Some disabilities such as hearing or visual impairments have not been researched at all while the majority of studies in this review tend to adopt a generic look at all disabilities and mental health conditions or focus on their own training or therapies. Only three studies consider specific disabilities. This is perhaps reflective of barriers that disabled people currently face in a society within which where there is lack of awareness or recognition of the varying needs of disabled people (2, 7). This statement is echoed in a Disability Studies Association 2006 conference where there was a call for future disability research to explore specific types of impairment and disability (Williams and Mavin, 2007).

There were limitations to this review. A common limitation was a relatively small sample size in some of the studies. Search terms could have been more inclusive by use of common synonyms. Better use of truncators may have identified other possible papers. However, this review read the abstracts of papers and this approach will have improved the rigour of the search. However, search terms can at times present problems due to the variety of search systems across the databases. Also, reading the full text papers was conducted by a single researcher, which could have given rise to bias. The selection criteria was deliberately narrow because we wanted to focus on the needs of adopted children with disabilities in UK. The rationale for this was the limited research in this area and the particular context of adoption in UK. This could potentially have restricted access to other research focusing on different areas of disabled children and adoption.

It can be suggested that the adoption process is currently operating on a limited evidence base and this needs to be addressed (6). It may be unfeasible to expect that every category of disability or mental health condition should be researched. However, it is possible to conduct more specialised research into groups of similar disabilities under an umbrella such as visual impairments. The resulting research will then have a significant impact on existing practice because it will be supported by a stronger evidence base to develop a better understanding of the specialist support needed by each disability to achieve successful adoptions.

A rigorous matching process needs to include a full disclosure of children’s needs to ensure adopters have the appropriate levels of expectation and awareness (5). The adoption social worker will play an important part at this stage to ensure potential adoptive parents have an appropriate understanding of what they expect from adoption and that they are fully prepared for forthcoming challenges of looking after a disabled child (2, 5). This will prevent placement breakdowns that occurred because adopters have unrealistic notions about adopting children and are unprepared for challenges in looking after a disabled child (4). There is potential for further research into the matching process including exploring the characteristics and skills that adopters need to support specific disabilities or mental health conditions (6). This could result in a significant improvement in successful matching of disabled children with adopters.

The review has also found that successful adoptive placements do not rely only on good matches. All adoptive placements will need ongoing and post adoption support such as: training (2, 4), staff support (5, 10), respite and financial support (4). The need for training for adopters and professionals has been identified as a key component, which is perhaps relevant in the light of the lack of awareness of disabilities in society (2, 5).

Adoptive parents will be better equipped to deal with disabled children’s needs and unexpected disabilities or behaviours if they are able to network with other parents and make contact with professionals as part of their training. Networking can be easily implemented during an assessment and training programme before decisions about placements are made. However, this should also be made available on an ongoing basis.

The review has uncovered that organisations have an integral part to play. Staff from organisations will need to be adequately supported by organisational policies, which embrace the notion of collaborative working and the willingness to invest in it (7).  This presents a financial challenge for contemporary social and health services. Staff will need to be supported by their organisations and equipped with sufficient skills to carry out interventions, and to be able to establish effective relationships, with all stakeholders to improve chances of successful adoptions (1).

Overall, it is suggested this review has been successful within its limitations in terms of both answering the research question and understanding the current state of the limited evidence in the field.  The review was able to identify existing knowledge about what supports permanence in adoptive placements for disabled children. It also identified several areas that require further research such as needs of children with specific disabilities and the definition of successful adoptive placements involving disabled children. The two recommended areas of research may also have a relationship with each other as the definition of successful adoptive placements may vary with different disabilities. Findings from this review can be used as a framework for future research, which can explore identified areas in this review.

Hopefully, this review provides a step forward in developing a better evidence-based understanding of the successful factors in adoption planning for disabled children.

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