OCS APPROACH TO ADOPTED CHILDREN
INCLUDING ADOPTION AND SPECIAL GUARDIANSHIP ORDER (SGO) BREAKDOWN
(Version 2 – Final 06/10/16)

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1. Context

   1.1 It is our vision and focus to ensure that children who become Looked After achieve permanent secure homes.

   Children who are adopted may often have specific support needs; but where the process is done well, with the right planning and interventions, adoption remains permanent for the vast majority of those who are adopted - with adoption breakdowns only forming a very small percentage of the whole.

   Where children are adopted, the adoptive parents take on full 'Parental Responsibility' and birth parents lose their right to PR

   1.2 The attached **DFE paper 'Beyond the Adoption Order' April 2014** (See Annex 1) provides a really useful context and is required reading.

   1.3 Special Guardianship Orders (SGOs)

   A Special Guardianship Order is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989; and is intended for those children who cannot live with birth parents and who would benefit from a legally secure placement. In the case of SGOs, both the birth parents and the special guardian(s) will have 'Parental Responsibility' (PR) but PR is overriding for SGO carers. It is an approach of the courts that more SGOs are being made; sometimes without asking for sufficient input and assessment from Children's Social Care prior to them being made - although this is something we are trying to tackle. For more information see http://childlawadvice.org.uk/information-pages/special-guardianship

   1.4 Where adoptions 'breakdown' the young person, (even though they may have the general support of the (Tier 3) Adoption Support Team); will be entering the system via the normal thresholds route (universal toT2A to T2B to T3 etc) - as opposed to going straight back into T3. This makes supporting YP and parents in Adoption Breakdown an Early Help sector challenge/role.

   Where SGOs break down, depending on the nature of the order and any requirements and the presenting issues, the young person might escalate back into a T3 Social Worker service or they may enter the Early Help system. Each situation will need to be looked at on its merits and appropriate liaison (primarily within the MASH) should take place.

2. The role of the Adoption Support Team in Adoption and SGO and Adoption/SGO Breakdown

   * When the care plan is either Adoption or SGO the adoption team will prepare a support plan (support needs normally low in adoption cases and higher with SGOs).

   * To review the plan on request of parents or 'Special Guardians' (Plans are reviewed annually but this is a desktop exercise unless requested and the team will not regularly 'keep in touch' in a support centred way, but will provide 'arms length' support via newsletters, information and access to training events.

*　　　To act as a single point of contact when Adoptions or SGOs break down - through to assessing the key issues linked to the breakdown and organise a TAC (Team Around the Child) at that point. The Lead Professional will be appointed according to priority need, i.e. if access to therapeutic support linked to the child's adoption is required then they will act as LP. Relevant Early Help Sector Lead Professional may also act as LP's. The Lead Professional should then complete a CAF or My Support Plan etc; and the whole process is no different from other EH (Early Help) CAF/MSP interventions.

*　　　To advocate/broker/apply for additional resources via the Adoption Support fund (see over).

3.　Role of the Early Help Team/Section

*　　　CAFCOs will have a role in supporting the TAC in cases involving adoption or SGO support breakdown where there is a CAF or MSP in place.

*　　　Lead Professionals can use the TAC approach to coordinate resources on need/risks such as referring to first line parenting interventions, SEND Team, intensive parenting services, YOT/Prevention, positive youth activities, and specific support from key professionals such as; School Nurse, CSE Team, School Parenting Support Advisor, CAMHS or P-CAMHS, Education Welfare.

4.　SGO Breakdown

It has been agreed that all SGO breakdowns are initially picked up by and assessed in) the MASH (Multi Agency Safeguarding Hub). Following on from this, the case will either remain in T3 social Care for a time (with a Single Assessment being completed) with a social worker being allocated, or step down into Early Help.

5.　Needs Related issues/Adoption Support Fund

5.1　Research (See Annex 1) has highlighted the complex needs of adopted children due to early life trauma and the particular challenges of parenting via adoption.

5.2　For this reason the Government has created the 'Adoption Support Fund' which can be applied to bring in additional specialist resources such as systemic family therapy or other family based therapeutic interventions.

5.3　Where adoptive children are out of school/missing education, the issues will normally be picked up by the Virtual Schools Team before liaising with and translating to Educational Welfare Service/SEND Team as necessary, including referring any YP of concern to the 'Children Missing Out of Education' group meeting.

6.　Early Help and Adoption Support Team Working Together

6.1　In order to aid and cement communication and effective work between the Adoption Support Team, the following single points of contact will lead the issue and maintain regular liaison:

Adoption Team Manager　　　　　　Early Help Team Leader
Alison Lewis　　　　　　　　　　　Richard Harris
Alison.lewis@wiltshire.gov.uk　　　Richard.harris@wiltshire.gov.uk
01225 716510　　　　　　　　　　01225 757962

6.2　The Liaison Officer role undertaken by the above will each include:

- Regular attendance at team meetings.

- Comparison and scanning of cases in terms of who is working with who and how, especially focused on those at high risk or a breakdown which is at risk of not being reintegrated/resolved.

- Regular liaison with the VSO (Virtual Schools Officer) Team as relevant (Karen Tremayne) where EHC planning is necessary. This would be picked up by the SEND Team.

- Regular liaison between Education Welfare, Children Missing Out of Education (CMOE) Group and Adoption Support.

NOTE 1: – Any cases where a referral to Gateway Panel is being considered for Intensive Parenting Interventions should first be discussed with a CAFCO.

NOTE 2: - Adoption Support will have an allocated daily duty officer - please ring 01225 716510 to access.

NOTE 3: - Early Help Education Welfare will have an allocated daily duty officer - please ring 01225 718230 to access.

Next Review 31/03/18

Mal Munday   Matthew Turner
Head of Service Early Help   Service Manager Adoption and Fostering

6th October 2016

Beyond the Adoption Order: challenges, interventions and adoption disruption

Research brief

April 2014

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Contents

List of tables

Executive summary

Background

Adoption offers tremendous advantages for maltreated children and the adoption reform agenda has rightly encouraged the use of adoption for children who cannot return home. There is a strong evidence base for the benefits of adoption (see for example, Evan B Donaldson, 2013; Biehal *et al.,* 2010; Quinton and Selwyn, 2007). Adoptive family life can help foster developmental recovery and many adopted children do make significant progress. However, for a minority of families, the adoption journey can at times be fraught with difficulty and in some instances, this results in the child moving out of their adoptive home prematurely (referred to as adoption disruption).

At the time the study began, there was some debate about the prevalence of adoption disruption, with various commentators citing disruption rates ranging from 5% to 50%. However, there was little evidence to support these claims. Social workers and those involved in care proceedings were asking for information to help them make important decisions about the most appropriate placement for children who were unable to return safely to their birth parents. It has been difficult to estimate the disruption rate because children's pre and post adoption history on administrative systems are not linked.

Adoption disruption figures only tell us something about where the child or young person is living. They reveal nothing about the quality of relationships within the adoptive family. Some young people may move out of home, but retain meaningful relationships with family members, albeit from a distance. On the other hand, children living in their adoptive home may have unfulfilled relationships, with little family cohesion.

This study set out, for the first time, to calculate the national adoption disruption rate (post order) and to report on the experiences of those involved when adoptions disrupt or are in difficulty.

Aims and methods

Using a mixed method design, the four specific objectives of the study were:

1. To establish the <u>rate</u> of adoption disruption post-order and to explore a) how long after the making of the order disruption had occurred and b) how the adoption disruption rate compared with the disruption rates of Residence Orders and Special Guardianship Orders.
2. To investigate the factors associated with disruption.
3. To explore the experiences of adopters, children, and social workers.
4. To provide recommendations on how disruptions might be prevented.

Adoptees were defined as previously looked after children adopted out of care. Inter-country adoptions and step-parent adoptions were excluded. The terms disruption and

breakdown have been used in many ways. In this study, disruption refers to a legally adopted child who left their adoptive home prematurely (under the age of 18 years). The child may have returned to care, be living with the adoptive extended family, the birth family, independently, or in some other arrangement.

Establishing the rate of disruption

The method used to establish the rate of adoption disruption was complicated by the fact that: a) children are given a new legal identity post order, b) there are no identifying links in a child's social care, education and health records pre and post adoption and c) adoption agencies have not kept formal records of adopted children who return to care.

The Department for Education (DfE) supplied data[1] on looked after and adopted children (2000-2011). In order to identify adoption disruptions, a request was sent to all adoption managers in England, to supply the research team with information on children whom they had placed for adoption and whose placement had disrupted post order. The managers of Voluntary Adoption Agencies (VAAs) were also contacted and asked to supply similar information. The return rate was 86% from the LAs and 55% from the VAAs. The survey information on disruption was combined with the national DfE dataset to create the largest ever adoption dataset assembled in England.

From the DfE data, it was possible to identify children who had left on Residence Orders (RO) and Special Guardianship Orders (SGO) and who had later returned to care. Event history analysis was used to estimate and explore disruption rates using techniques such as Kaplan-Meir survival curves. The factors that contributed to disruption were explored through Cox proportional hazards modelling.

Survey of adoptive parents

The purpose of the survey was twofold: 1) to recruit adoptive parents who were willing to talk about their experiences and 2) to check the reported adoption disruption figures using a different approach. We were concerned that there might have been some under-reporting by adoption managers because disruptions were not systematically recorded by the agencies and staff did not hold memories of all cases. Furthermore, the disruption of placements out of the LA area may not have been known.

Thirteen local authorities volunteered to help with this second phase of the study. On behalf of the research team, adoption teams sent a survey to adoptive parents who had legally adopted a child from the LA between April 2002 and March 2004. The brief survey asked parents how the adoption was faring, if the child was still living at home and whether the parents would consent to be interviewed. Many of the parents were no longer in touch with the LA. The return rate was modest (34%), although typical for such

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[1] National data are collected by the DfE each year from every local authority and the dataset are known as the SSDA903 return.

approaches when trying to trace families who adopted more than ten years ago. The same survey was also posted on the Adoption UK (AUK) website on a disruption thread for anyone to complete who had adopted a child from care. In total, surveys were returned by 390 adoptive parents caring for 689 children who had been placed by 77 different LAs. There were no additional disruptions identified through the survey.

Interviews with adoptive parents, young people and adoption managers

From the survey responses, 35 parents were selected for interview whose child had left home prematurely (under the age of 18 years), as were 35 parents whose child still lived at home but where caring for them was considered very difficult. These two groups are referred to as the 'Left home' and the 'At home' groups. Before being interviewed, the 70 parents were asked to complete a questionnaire containing a number of standardised measures. To provide a comparison and calibration of the measures, 35 parents from the LA survey who had reported no or few difficulties (the 'Going well' group), were also asked to complete the measures, although they were not interviewed.

Twelve young people who had experienced an adoption disruption were interviewed. Five of the young people's adoptive parents had been interviewed as part of the study, the other seven were known to the LA but the research team had no information about their parents. It was difficult to access the young people because there were many gatekeepers concerned about their welfare.

In total, in-depth interviews were conducted with 70 adoptive parents, 12 adopted young people, and 12 adoption managers. Many of the parents and young people stated that they appreciated being asked to reflect on their whole adoption journey and had not had that opportunity before.

Analysis

Quantitative data from the interviews with adoptive parents were analysed in SPSS v19 using bivariate and multivariate statistical methods to compare similarities and differences between the 'Left home' and the 'At home' group of families. Completed psychosocial measures were scored and analysed using recommended methods. The qualitative data were entered into NviVo and analysed thematically initially using the structure of the interviews, as the themes had been identified prior to data collection. Analysis used five key stages comprising: familiarisation with the data and the context; identification of themes; indexing; mapping; and interpretation. It was through this process that unanticipated themes emerged.

Key findings

Adoption disruption rate

The post order disruption rate was calculated using the DfE data on looked after and adopted children, combined with the new information on disruptions provided by adoption

managers. Over a 12-year period (2000-2012), using national data on 37,335 adoptions and information supplied by adoption managers on 565 disruptions, the rate of adoption disruption was calculated at 3.2%. The rate was lower than we had expected, but was similar to that reported (3.7%) in one of the few studies that disentangled the proportions of pre and post order disruptions (Randall 2013). The research team has also completed a study of adoption disruption in Wales (Wijedasa and Selwyn 2014) using the same methodology. The disruption rate was similar in both countries: Wales had an adoption disruption rate of 2.6% over an 11 year period. However, there was significant variation in the proportion of adoptions in England that disrupted by local authority (ranging from 0-7%).

Analysis of the surveys completed by adoptive parents showed that 8% of the children in the LA sample and 9% of the AUK sample had left their homes prematurely (under the age of 18 years old). Whilst it is possible that the survey results more accurately report the proportion of disruptions, it is also possible that parents in difficulty were more likely to respond to a survey on adoption disruption than those where all was going well. It should also be noted that the survey return rate was a modest 34% and was completed mainly by those parenting teenagers.

For these reasons, it is not possible to give an exact disruption rate. However, it is probably safe to conclude that the proportion of adoptions that disrupt post-order lies between 2% - 9% and that the overall rate is 3.2%.

The characteristics of children on different legal orders

Between April 1st 2000 and 31st March 2011, 37,335 children were adopted, 5,921 children left care on a SGO and 5,771 on a RO. Since 2010, there has been an increase in the number of children leaving care on all three types of permanent legal order (Adoption Order, SGO, or RO). Social work practice has improved in ensuring that more children leave the care system into a placement secured by a legal order.

The most important factors that predicted adoption disruption were the child's age at the time of the disruption, followed by older age at placement, and a longer waiting time between placement and securing the Adoption Order. Teenagers were ten times more at risk of disruption compared with children under the age of four.

Adopted children who experienced delays in decision-making, or who were placed over the age of four years old, were more likely to experience a disruption. Using a dataset covering a 12 year period, we found that the child's gender and ethnicity were *not* associated with disruption. Being adopted by a former unrelated foster carer made no difference to the stability of the adoption.

In comparison with children on SGOs and ROs, adopted children were more likely to be of white ethnicity, younger at entry to care and at placement, had fewer or no attempts at reunification, but had experienced *more* moves in foster care.

Children on SGOs and ROs were more likely than adopted children to be placed initially with a family or friends carer and for this placement to be stable. However, 39% of children on ROs experienced failed reunification attempts. SGOs and ROs made to family or friend carers were more stable than orders made to other adults.

Adoption disruptions were more likely to occur five or more years after the order had been made. In contrast, SGO and RO placements were more likely to disrupt quickly and within two years of the order. Being older at entry to care was a disruption risk factor for children on all types of order.

Disruption rates for all types of legal orders were *low*. Adoption Orders were found to be the most stable. SGOs only became available in 2005 and data has only been routinely collected on ROs from 2005. Therefore to ensure a 'like for like' comparison, disruption rates were calculated over five years. Over a 5 year period:

- *147 in 1,000 ROs are likely to disrupt*

- *36 in 1,000 SGOs are likely to disrupt*

- *7 in 1,000 adoptions are likely to disrupt*

The analysis of this large dataset highlights the impact of delay. The findings support much of the previous research and the government's attempts to expedite the adoption process. Most adoptions disrupted during the teenage years. This new finding is important, as adoption support has focused on providing support services in the first few months and years of an adoptive placement. Whilst support at this early time is undoubtedly important, adoption services have been slow to develop for teenagers and for adopters parenting teens. There is an urgent need for services for this age group and their parents.

It is clear that delayed decision-making has a detrimental effect on children on other types of orders too. Residence Orders were the least stable. There has been no funded research on ROs for many years and therefore we do not understand the reasons why placements disrupted so quickly. The ongoing DfE funded study by Wade and colleagues (2014) will provide more information on SGO disruptions.

Survey findings

Surveys were returned by 390 adoptive parents caring for 689 children, most of whom were teenagers (age range 0-30 years). We do not know the representativeness of the survey responses, although the two surveys using different sampling criteria produced extremely similar responses.

Just over a third of parents in both surveys reported no or few difficulties in adoptive family life. A similar proportion described family life as generally good, but with some challenges, often stemming from the child's special needs and difficulties in getting the right support in place.

About a quarter of parents reported major challenges in caring for children who had multiple and overlapping difficulties. These parents were often battling with support services to get the help they needed. Typically, parents reported physical and mental exhaustion and a negative impact on marital and family relationships. Some of the comments suggested that after a tricky patch family life had settled down, whilst other comments implied that a disruption was imminent.

About 9% of the parents reported that their child had left home prematurely. Most of the children had been teenagers (average age 14-15 years old) at the time of the disruption. According to parents, the move out of home had usually been triggered by a combination of challenging behaviour, inadequate support, and feeling blamed by professionals for the child's difficulties. Despite the disruption, the majority of adopters were still active in their parenting role.

Analysis of the survey data replicated the administrative data analysis in finding that the teenage years were the time of greatest risk of disruption.

Well-being of children and parents

From the survey responses, 35 parents whose child had left home (the 'Left home' group) and 35 parents who described major difficulties in parenting a child still living at home (the 'At home' group) were selected for interview. Before the interview, parents were asked to complete standardised measures on their child's emotional and behavioural development and their own well-being and parenting. One parent in the 'Left home' group and one in the 'At home' group refused to complete the children's measures, whilst two parents in the 'Left home' group refused to complete questionnaires about themselves. To provide a comparison and calibration of the questionnaire measures, 35 parents who had responded to the survey stating that the adoption was going well were contacted, and asked to complete the same measures on their child. The 'Going well' group were not interviewed.

There were similar proportions of boys and girls and no age differences at the time of the study in the three groups. However, the 'Left home' group of children were older at the time of the Adoption Order (average age 6 years) compared with the children in the 'At home' (average age 4 years) and 'Going well' group (average age 3 years). The 'Left home' group, because their placement had disrupted, had lived for less time in their adoptive homes (average 8 years) compared to the children in the 'At home' and 'Going well' groups, who had been living with their families for an average of 11 years.

Children's well-being

There were extraordinarily high levels of social, emotional, and behavioural difficulties in the 'At home' and 'Left home' groups, evidenced by parent reported scores on the Strengths and Difficulties Questionnaire (SDQ: Goodman 1997). It is a widely used screening measure of common emotional and behavioural problems, and of a child's peer relationships and their kind and helpful behaviour. It is highly predictive of

psychiatric disorders. Ninety-seven percent of the children who had 'Left home' and 82% of the children who were still 'At home' had scores in the clinical range for mental health problems. Even 23% of children in the 'Going well' group were above the cut off score for clinically significant difficulties, making parenting more challenging. The majority of children in the 'Left home' and the 'At home' groups had diagnosed developmental or mental health conditions: a quarter had been diagnosed with an autistic spectrum disorder and many had multiple diagnoses.

Findings on the Assessment Checklist for Adolescents (ACA: Tarren-Sweeney 2012) paralleled those on the SDQ with the 'Going well' group, having significantly fewer difficulties compared to the other two groups. The 'Left home' group differed from the 'At home' group in two respects. First, they were older at the time of the Adoption Order and second, they were statistically more likely to have marked difficulties on the social instability scale. The scale covers a combination of unstable, attachment-associated difficulties in social relatedness involving craving affection; relating to strangers as if they were family; too friendly with strangers; impulsivity; talking or behaving like an adult; preferring to be with adults or older children and trying too hard to please other young people.

Parents well-being

Adoptive parents completed questionnaire measures on their satisfaction with life and confidence in their parenting skills, mental health, impact of trauma and personal growth.[2] The majority of parents in the 'Going well' group reported that they were very or highly satisfied with their lives. Even though parents were or had been managing very challenging behaviours, half of the 'At home' and 'Left home' parents were also satisfied with their lives. The 'Going well' group, as would be expected, rated their confidence and parenting skills significantly higher than did other parents.

Nearly a quarter of the 'Left home' group of parents had symptoms of moderate to severe depression and anxiety at the time of the interview. The parents of the 'At home' children had higher levels of anxiety (32%) but lower levels of depression (17%) compared with parents whose child had left home.

The 'Going well' group had fewer symptoms of anxiety compared with the other parents in the study. Indeed, they were less anxious than most people in the general population. However, the 'Going well' group had slightly more depression than would be expected. These parents were not interviewed face-to-face and, therefore, we do not know if the depression was related to adoption difficulties. It should be remembered that 23% of the 'Going well' families had a child whose scores on the SDQ indicated clinically significant

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[2] *Parenting Sense of Competence* Gibaud-Wallston and Watersman 1978; *Hospital Anxiety and Depression Scale* Zigmond, A.S., and Snaith, R.P. 1983; *Impact of Event Scale-revised* Weiss and Marmar 1997; *Satisfaction with Life Scale* Diener *et al.,* 1985; *Post Traumatic Growth Inventory* Cann *et al.* 2010.

mental health problems. Higher scores on the children's SDQ were correlated with higher scores on the parental depression scale.

Thirteen of the 35 parents in the 'Left home' group had symptoms that indicated they were likely to have a post traumatic stress disorder. The symptoms were particularly in relation to being bothered by intrusive thoughts and feelings, and difficulty in sleeping.

Parents in the 'Left home' and 'At home' groups reported some positive growth in their lives, as a consequence of their adoption experiences. Growth had occurred in two areas: a change of priorities in life and recognition that they had greater inner strength than they had realised.

Interviews with adoptive parents (n=70)

The interviews with parents provided a valuable insight into the adoption journeys of the 35 families who had experienced a disruption and the 35 families who were in difficulty. Parents we spoke to are not typical of all adoptive parents - they were selected because of the great challenges they had faced in caring for their child. Parents spoke candidly about their experiences from the point at which they entered the adoption process though to the present day.

The interview findings went some way to help explain the low rate of adoption disruption. We found that adoptive parents were remarkably tenacious and stuck by their children in extremely testing circumstances. Even when young people did move out of home, it was not usually the end of the relationship. Many adopters continued to parent and support their child, albeit from a distance. That said, there were a few parents whose child lived at home but where family members were living separate lives. These parents were just waiting for their child to reach the age of 16, so that they could be asked to leave their adoptive home, without fear of prosecution.

At the time of the interviews with parents, the study young people were on average 16 years old (range 12-22 years). The 35 young people who had left home had done so when they were on average, 14 years old (range 10-17 years) and had been significantly older at entry to care, at the time of placement, and at the time of the Adoption Order than children from the 'At home' group (Table 1).

Table 1: The children's age and gender at entry to care, at adoption and at disruption

	Left home	At home
Gender	20 boys (57%) 15 girls (43%)	18 boys (51%) 17 girls (49%)
Age at entry to care	Av. 3.8 years (SD 2.01) Range 0-10 years	Av. 2.0 years (SD 1.90) Range 0-6 years
Age at placement with the adoptive family	Av. 5.4 years (SD 2.15) Range 0-11 years	Av. 3.5 years (SD 2.61) Range 0-7 years
Age at time of the Adoption Order	Av. 6.0 years (SD 2.61) Range 1-12 years	Av. 4.2 years (SD 2.39) Range 0-8 years
Age when left home	Av. 14 years (SD 2.21) Range 10-17 years	
Age at the time of the study	Av. 18 years (SD 2.20) Range 13-22 years	Av. 15 years (SD 2.22) Range 12-20 years

The majority of young people had been abused and neglected by their birth families. More of the young people in the 'Left home' group had been neglected (94%), sexually abused (34%) and exposed to domestic violence (91%) in their birth families than young people who were still living in their adoptive homes.

Pre-placement

More than half of the parents interviewed knew that they had been linked (and sometimes matched) to other children, but a placement had not materialised. Adopters viewed this as a stressful and competitive process and some commented that they had started to invest emotionally in these children.

Adopters often describe the first few weeks of an adoptive placement as exhausting and like a whirlwind and parents in this study were no exception. It is therefore important that adoptive parents are bolstered pre-placement, feel well supported, and are strengthened for what is to come. However this was not the case for a nearly a third of parents in this study, who reported feeling unsupported and under strain during the introductions to their children. Poorly managed introductions and transitions were statistically associated with adoption disruption.

The support provided by the foster carer was key to a successful transition. The majority (61%) of adoptive parents spoke positively about the assistance provided by foster carers during the introductions to their children, but nearly one in three described foster carers as unhelpful or obstructive. Some foster carers had wanted to keep the child themselves or had struggled with their own feelings of loss and grief. Children went into their adoptive placements without having been given 'psychological permission' by foster carers to move on and make new close relationships. Other children arrived in their adoptive families without any personal possessions or toys, even though they had spent several

years in care. Both situations are likely to leave children feeling insecure and without a sense of who they are.

Two-fifths of parents had serious misgivings about the quality of the care shown to their child whilst in a foster placement, including concerns about the cold, clinical care shown by some foster carers who seemed to lack emotional warmth. These findings raise an important question about the fostering of children with plans for adoption. Where adoption is the plan, are foster carers more likely to be emotionally distant as they prepare for the inevitable move? Although there has been recent interest in the grief and loss that foster parents experience when children move on (e.g. Hebert *et al.* 2012) there has been little research on the strategies that foster carers employ to protect themselves from their experiences of repeated loss. Children too, because of their experiences of abuse and neglect may be avoidant and resistant to attempts to comfort and care and this pattern of relating needs to be identified early.

More than two-thirds of parents thought that important information had not been shared with them by the placing authority. When information was made available, parents often thought that the significance of what they had been told had not been fully explained. Six parents said they would not have proceeded had they had all the relevant information, but most parents thought that the information would have made them better prepared. Importantly, parents wanted to know whether their child could be expected to live independently as an adult.

Early adoptive family life

Many parents described the early days of adoptive family life positively, although difficulties soon emerged in many families. Some of the children's behaviours such as physical aggression, self-harm, night terrors, soiling, manipulation and control alarmed parents. Parents began to worry that information had been withheld and/or that the children were more traumatised than they had understood to be the case. However, at the time of the Adoption Order, most parents were pleased to be making the commitment.

A quarter of adoptive parents whose child was of school age, thought that their child had started school too quickly after moving in. Parents wanted the opportunity to begin forging relationships with their child before their child faced another stressful transition into a new school. Delayed school entry and school absence can create problems for social workers. It is often difficult to gain consent from the Education Authority for a delayed start or an authorised absence and there are other concerns that children will be out of step with their peers and get further behind in their learning. However, in some circumstances, social workers might need to make a stronger 'case' for keeping the child off school for a short period at the start of an adoptive placement. Furthermore, strategies need to be in place to reduce sibling jealousy and rivalry in sibling placements if one child is staying at home, whilst the other has to go to school within a few days of arriving.

Most (87%) adopters stated that they had had a good relationship with their own social worker, but they were less positive about the child's social worker. Complaints were of social workers continually changing or breaking promises. In a few cases, children were frightened and unsettled by social work visits.

Most (93%) of the children were or had been living in adoptive families with other children. Sibling relationships were considered typical for the majority of children, but just under half (48%) of the children who had left home and 18% of the 'At home' group were in constant conflict with brothers or sisters. Warring siblings created splits in some families with one parent caring for the study child and the other parenting the remaining siblings.

One in three children had no contact with birth family members at the time of placement with their adoptive family. Contact patterns changed over time. At the time of the interview, half the letterbox arrangements had ended and 13 (19%) young people were having face-to-face contact with a birth parent. Adopters held mixed views about the impact of face-to-face contact. Whilst some reported that the physical presence of a birth parent had compromised the stability and cohesion of the adoptive family, others, particularly those whose *teenage* child had sought out contact, described how adoptive family life had become more settled once their child had met a birth parent. There were many other children unable to have birth parent contact, as it would have been unsafe for them.

The psychological presence of birth parents was troubling for some children. A few children told their adoptive parents that they had no memories of their life before they became looked after. More frequently, children's memories of maltreatment were said by parents to haunt them. Fears pervaded thoughts, interfered with sleep, and kept children in a state of high alert. Other children were preoccupied with thoughts of wanting to return to their birth families. This latter group of children were often concerned for their birth mothers and wondered what was happening in their birth family. Parents thought that children worried about whether birth parents were still alive, about siblings living with the birth family, about being traced by family members, and worries about who would care for them in the future. Children who had left home were more likely to have had difficulty talking about adoption related issues.

Most parents stated that they had tried to keep the subject of adoption open but did not find it as easy to talk about birth parents. Parents found it difficult to know how much information to share or how to talk to children about particularly harrowing histories. Adopters also found it difficult to know how much information to share in their letters to birth parents when children were having difficulty at home or in school.

School life also posed particular difficulties for adopted children and their families. Thirty-seven percent of the children had a statement of special educational needs[3] and according to parents, nearly a third (31%) of the children had been bullied during their school career because of being adopted. Other children had been distressed by the way some subjects had been taught or activities they had been asked to complete. For example, one class had been asked to bring in a photo of their mother and each child was asked to talk about their similarities. There were also two examples of discrimination because of adoptive status continuing into the workplace.

Onset and escalation of difficulties

For 80% of the families, serious challenges began within the first few years of placement and escalated during adolescence. Parents reported difficulties in the child and parent relationship. Most often, children had great difficulty forming a positive and secure attachment to their adoptive mother. They refused to be comforted, avoided intimacy and focused their anger on their adoptive mother. The other 20% of parents described difficulties starting at puberty, with a rapid escalation of behaviour that parents found difficult to manage. Aggression and violence were the most frequently reported challenging behaviours. Sixty of the 70 families described the child's aggression, as a cause for concern. Many young people who were aggressive displayed the trait early in their placement. While children were young, the violence and aggression could be contained, but once young people became bigger and stronger, the behaviour became much more challenging.

Child to parent violence

There is no single definition of child to parent violence, as it describes a wide variety of physical and psychological behaviours designed to *control, coerce, and dominate the parent and family member*s. Paterson and colleagues (2002) described child to parent violence as:

> *Behaviour considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence. (p92)*

In this definition, there are two elements. First, the emphasis on behaviours designed to control and secondly the change seen in the behaviour of those affected. In this study, we applied this definition to the data from the interviews and found that 41 of the 70 families were or had been living with child to parent violence. Violence was a key factor in 28 of the 35 disruptions.

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[3] In comparison 3% of children in the general population and 29% of looked after children have a statement of special educational needs. *Outcomes for children looked after by LAs in England at 31st March 2012.* SFR 32/2012. Department for Education

We had not expected child to parent violence to feature so strongly in parental accounts of challenging behaviour. We had expected ADHD and attachment difficulties to feature as causes of disruption and although parents described great difficulty in managing these behaviours, on their own they were not difficulties that broke families. Parents gave many examples of being beaten, attacked, threatened and intimidated. Knives had been used by 19 young people to control their parents. Young people also removed mobile phones, TV remotes, and curtailed parents' social networks in efforts to control. Young people were mainly violent to their mothers, but fathers, siblings, pets and in one case, grandparents had also been assaulted. More boys than girls were involved in child to parent violence and the gender difference was statistically significant. However, it should be noted that 14 (44%) of the 32 girls were also violent and the use of weapons or severity of violence did not differ by gender. Child to parent violence was shameful for families. It was not a topic that could be easily raised with social workers, friends, or extended family members. Fathers struggled with the best way to respond to the violence and felt unable to protect their wives or other children. They also thought that as most professionals were female, they had received little support or understanding of their role in the family.

Child aggression and violence within the adoptive home raises important issues for post adoption services and for Children's Services more generally. In criminal justice and social work research, interest is growing in child to parent violence with published articles mainly appearing in the last ten years.[4] The prevalence of child to parent violence in the general population is unknown and there are disputes about the extent of serious and persistent child to parent violence. Consequently, estimates vary widely with studies showing that it occurs in 3-29% of families (Holt 2012; Gallagher 2004). The research in this area is in its infancy and studies often do not differentiate between the kind of violence and control that requires parents to change their behaviour and other types of aggressive behaviour. In one of the few studies that considered young people on the edge of care and who were receiving family support services, Biehal (2012) found that 112 (54%) of 209 young people were reported as having been violent to their parents in the previous six months.

Studies (e.g. Kotch *et al.,* 2008; Walsh and Krienert, 2007; Kernic *et al.,* 2003) have examined the factors that increase the risk of child aggression such as exposure to domestic violence, paternal behaviours, neglect under the age of 2 years old, and exposure to alcohol in utero. Young people who are substance misusing or suffering from mental illnesses such as schizophrenia can also be violent. All these risk factors were evident in our sample. However, the mechanisms by which these factors 'cause' aggression remain unclear.

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[44] See http://holesinthewall.co.uk/- useful blog by Helen Bonnick (social worker) collating key articles and news on child to parent violence

Parents also reported other concerns: more than half the children (53%) had self-harmed, 46% of parents had concerns about the child's low mood, depression or anxiety, and about a third (32%) were worried about inappropriate sexualised behaviours shown by their child. A few children showed serious visual and auditory disturbances.

Support to adoptive families

At the time families needed support, most had lost contact with the agency that had approved them or placed their child. When parents did make contact, the majority of the parents were dissatisfied with the overall response from support agencies. Parents cited difficulty in accessing services, arguments over funding, and eligibility criteria that excluded adopted children.

The majority (83%) of parents had received some support from Local Authority (LA) post adoption services. A quarter of those who received services rated social workers as the most helpful of all the interventions they had received. Parents spoke positively about social workers who were consistent and who understood the challenges. Parents particularly appreciated packages of social work support combined with therapeutic interventions.

Parents were critical of social workers who kept telling them they were doing a good job without providing help to address the child's challenging behaviour, or who repeatedly offered the same package of support, as difficulties in family life escalated. Parents became frustrated when the same parenting programmes and sticker charts were offered. Adoptive parents subjected to child to parent violence were repeatedly offered the same Webster Stratton type parenting programmes or anger management workshops. The violent behaviour was not recognised by professionals an attempt to control others but was thought to be a problem controlling temper and emotions. LA and VAA adoption agencies generally only offered what could be provided 'in house' and there was a great reluctance to commission other services. There were a few accounts of excellent life story work undertaken by social workers that parents thought had made a real difference to the young person. However, there were more examples of poor life story work that parents thought had exacerbated the child's difficulties.

Respite care was often used as a last ditch attempt to keep the family together and was rarely used proactively. Parents complained that access to respite was usually only by making their child 'looked after' once again, and that the system did not meet the family's needs. Parents often wanted just a few hours respite or a break at the weekend, but services could only provide block days or other inflexible packages. There were a few examples of parents being given respite that had really helped. For example, one young person had been taken out by a mentor for a few hours each week.

None of the parents reported a positive or helpful response from the Emergency Duty Teams. The usual advice from the team was for the adopter to ring the police. Some adoptive parents had used the police as an adoption support service.

Lack of appropriate intervention was also apparent in the delivery of child and adolescent mental health services (CAMHS). Families had great difficulty accessing CAMHS and even when their referral was accepted they were usually offered only what the local team provided. The service was not necessarily what was needed. There were examples of children being refused help because they disclosed sexual abuse, of being kept in prison cells, and of being admitted onto a general hospital ward because CAMHS did not have trained therapists or suitable accommodation available. There was tremendous variation across the country in CAMHS response to children with attachment difficulties. In some areas, CAMHS refused to acknowledge the condition existed, whereas in other areas there were highly skilled teams offering support to children with attachment difficulties and those showing the symptoms of developmental trauma disorder.

There were examples of good practice where LA post adoption teams and CAMHS had commissioned specific therapists or referred onto specialist Tier 4 CAMHS or adoption support agencies. These services were rated highly by adoptive parents. A few LAs were able to provide specialist CAMHS in-house because of joint funding arrangements. Again, adopters reported that they provided a good service.

For most children, their difficulties were also apparent in school. Twenty-six (37%) of the children had a statement of special educational needs and 30 (43%) had or were being educated outside mainstream provision. About half the parents stated that they had received good support from education professionals such as teachers, teaching assistants and educational psychologists. However, other parents complained that many schools had little understanding of the needs of adopted children and that elements of the curriculum had caused their child distress.

Child protection investigations

As children's behaviours became more difficult during adolescence, parents described feeling isolated and stigmatised by other parents and blamed by professionals for the child's challenging behaviours. As parents became more desperate for help, more than a quarter (27%) found themselves threatened with or subjected to a child protection investigation. In nine families, the investigation was triggered by an allegation made by the study child or another child in the family. Social workers threatened or instigated an investigation in ten families.

Many adoptive parents, when they rang Children's Services asking for help, were routed through the children and families team and were allocated a children's social worker with limited experience of adoption. It would not be surprising given parents' distress and frustration at the lack of support and the years of living with a traumatised child that many may have presented as angry and cold. Parents were astonished that a request for help resulted in an investigation. Child protection investigations seemed to have been started as a matter of course and to have involved little joint working with post adoption social workers. Indeed, some post adoption social workers, and psychologists disagreed with the action and splits emerged amongst the professionals. Many adoptive parents were

employed in senior positions and often in careers that involved work with children. Parents spoke about the lasting effect of investigations on their employment and mental health and their feelings of betrayal and loss of trust in professionals.

Disruptions

Most of the young people who had left home had been late placed (average age 5 years old) into their adoptive families. They were older children who had been abused and neglected during their early years. The average age of the young person on leaving their adoptive home was 14 years old. In 28 (80%) of the 35 families, child to parent or child to sibling violence had been a significant factor in the young person's move out of home. In the months leading up to the disruption, young people typically were out of parental control, defiant, oppositional, refusing to be parented and had withdrawn from family life. About a third were also misusing drugs and/or alcohol and fifteen children (43%) had been running away regularly. The police had been involved with most of the young people who had left home: 12 of whom had appeared in court and been convicted on charges of aggravated burglary, or rape, or assaults. For young people still in compulsory education, difficulties at school such as disruptive behaviour had usually escalated in the months preceding the disruption. Some young people truanted or refused to go to school, others had been excluded. Only seven (all girls) of the 35 adoptions disrupted for a combination of reasons which did not involve violence. These included ongoing child/parent relationship difficulties, serious mental health problems, behavioural and cognitive difficulties associated with foetal alcohol spectrum disorder, problems at school, extreme jealousy and rivalry between siblings and the young person's pre-occupation with their birth family.

Many families had been in touch with Children's Services in the months preceding the disruption. Parents usually described a lack of appropriate support at this time. Some social workers refused to acknowledge the gravity of the family situation, while other social workers were said to have felt powerless to help because of budgetary constraints or of not knowing what else to suggest, once the in-house resources had been tried.

Just over two-thirds of the moves out of home were instigated by adoptive parents. Parents described feeling worn down and worn out. Many were frightened by the violence they endured and felt unable to keep everyone in the family (including the child) safe. In ten families, the young person instigated the disruption. Some young people could not cope any longer with living *in* a family and others left in search of their birth family. Just one disruption was initiated by social workers. Most young people's return to care was hastily arranged, although services had been aware of difficulties for many months. Two-thirds of parents believed that the move out of home would be a permanent arrangement, whilst just over a quarter did not know what to expect. Only three parents thought that the separation would be temporary. Several parents described missed opportunities for reunification with the adoptive family and little interest by professionals in addressing the issues that triggered the disruption. Most parents had wanted to be more involved in decision-making for the young person. Parents described feeling

excluded by social workers from care planning meetings or reviews, judged, and blamed for their perceived failings as parents.

Twenty-six of the 35 young people returned to care after the disruption. Most went immediately to a foster placement; others moved into residential care or supported lodgings. A few went to live with friends or relatives for a short period before becoming looked after. Placements were not stable and the majority of those who had been looked after for at least six months had had at least three different placements. Four young people had been held in police cells when a placement broke down and before appropriate alternative accommodation could be found. The young people who did not become looked after also tended to change accommodation often. There was a failure to recognise that young people were particularly vulnerable at the point of a disruption. According to parents, four young people had been raped or seriously sexually assaulted after having moved out of home, two had been physically abused, whilst as many as six others had put themselves in very 'risky' situations and vulnerable to abuse or sexual exploitation. The table below shows the living arrangements at the time of the interview.

Table 2: The living arrangements of the young people at the time of the interview

	Where the young people were living at the time of the interview
Independent living	9
Foster care	8
Supported lodgings	7
Local Authority residential care	3
Homeless	2
Unknown	2
LA secure unit	1
NHS mental health unit[5]	1
Friends	1
Bed and Breakfast accommodation	1
Total	35

Since the young person had left home 13 parents (37%) said that their relationship with the young person continued to be strained or had deteriorated further. Encouragingly more parents (n=16, 46%) reported that the relationship had improved. Relationships tended to improve with the passage of time.

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[5] Young person sectioned under the Mental Health Act

Comparison of the 'Left home' and 'At home' families

The children in both groups had many difficulties. We were interested in understanding why some families had remained intact and in other families, the young person had left. Most (80%) of the 35 families whose children were still 'At home' had thought about asking for the child to be removed but at the time of the interview were not anticipating imminent disruption. Six of the 35 families were waiting for the young person to be of an age where they could be asked to leave without fear of prosecution.

The young people who had left their adoptive families had had a worst start in life compared with those who were challenging but remained 'At home'. The poor start seemed to set in a motion a chain of events, which ultimately led to an adoption disruption. However, there were points along the journey when perhaps that pathway could have been changed. Pre-adoption work preparing children and foster carers, remedial action when transitions had not gone well and early targeted interventions when difficulties first emerged seem to have been the points where a knowledgeable, non-judgmental, and skilled social worker or therapist could have made a difference.

Families that had remained intact said they had done so because of their commitment, their bond with the child, and feelings of responsibility. Families that were likely to stay together had seen some improvement in behaviours and/or attributed the cause of the difficulties outside their own or their child's control. Importantly, most of the parents whose children were still at home did not feel blamed by professionals or judged as incompetent or abusive parents. Table 3 presents the factors that differentiated the two groups.

Table 3: Significant differences between the 'Left home' and the 'At home' groups
** Significant at the 0.01 level   * Significant at the 0.05 level

	Left home	At home
Child's pre-care experiences		
Neglect	*	
Sexual abuse	*	
Sexual exploitation	*	
Domestic violence	**	
Longer exposure to adversity	**	
Older at entry to care	**	
Adoption journey		
Number of moves in care	**	
Adopters not feeling prepared	**	
Introductions handled badly	**	
Foster carer supported the transition		*
Adopters' feeling the child did not fit in from the start	**	
Adopters' views that child started school too soon	**	
Difficulties emerged quickly	**	
Partner less concerned about challenging behaviours		*
Adopters' feeling blamed by social workers	**	
Adopters' daily activities limited by child's behaviours	**	
Adopters did not blame child or hold them responsible for difficulties		*
Child behaviours		
Relationship difficulties mainly with adoptive mother	**	
ACA measure: clinical range of attachment difficulties	*	
Child did not ask questions about birth mother	*	
Child to parent violence taking place	**	
Intense sibling conflict	**	
Running away (reported to police as a missing person)	**	
Serious criminal offences	**	
Drug misuse	*	

Interviews with young people who had experienced a disruption

Twelve young people who had experienced an adoption disruption were interviewed. Five of the young people's adoptive parents had been interviewed as part of the study, the other seven were known to the LA but the research team had no information about their parents. At the time of the interview, the young people were aged between 15-23 years old and all had been placed for adoption over the age of three years old. Since leaving their adoptive family most of the young people had moved around placements, but young people stated that they wanted to get their lives back on a stable track. Pregnancy or the birth of a child had prompted two young people to reassess their lives

and strengthen their connections with their adoptive family. One young person had recently returned to their adoptive home and another was moving to live closer to his adoptive parents. The remaining young people were living in foster care, supported lodgings, or independently. Only one young person had no contact with his adoptive family.

Criminal records were adversely affecting the employment and education of three young men. Four young people were not in education, employment or training while the rest were in college or employment. Young people were vulnerable and spoke about depression, loneliness, and self-harm. Two of the young people were trying to escape violent partners.

Before being placed for adoption, most of the young people had experienced neglect and abuse, several moves in foster care and failed reunifications. As young adults they had come to understand that this had affected their capacity to trust (including their ability to make use of therapeutic interventions) and make relationships with their adoptive parents (and now have healthy intimate relationships). This made them vulnerable to further abuse and some had difficulty feeling they belonged anywhere.

Looking back to the time they were adopted, most of the young people said that nobody had really asked them if they wanted to be adopted. Some had never wanted to be adopted and had not understood why they could not live with their birth mothers.

Young people had left their adoptive home generally because relationships had become too difficult. Some described feeling that other children in the family were favoured. Most young people stated that they had difficulty living in a family, kicked against firm boundaries and discipline, and had had problems in their relationships. Some now regretted their behaviour and wished they could turn the clock back. Three young people described their adoptive parents as having significant mental health problems of their own and one young person was removed after suffering years of abuse from her adoptive parents.

Some of the young people said that the early abuse and neglect they had suffered from birth parents had negatively affected the way they felt about 'mothers'. Some described themselves as volcanoes with rage burning inside, and others had been desperate to find their birth mothers and had run away from their adoptive home. Exclusions and difficulties in school had also put more pressure on the families and young people. Half of the young people had been bullied at school because of their adoptive status and this had led to school refusal and truancy.

Some young people readily agreed to going into foster care, as they saw it as relief from the intense arguments. However, there seemed to have been little work done on reunification with their adoptive families. Young people thought that sometimes social workers had blamed their adoptive parents for the disruption and had wanted to punish them.

Four of the young people were saddened that they had become looked after and that their parents had not stuck by them. However, two other young people thought they

should have been removed much earlier and that social workers were too keen on preserving the family. All but one of the nine young people who had become looked after identified benefits of being in care.

Three of the young people had been placed directly into hostels/ independent flat when they left their adoptive home, as the LA had treated them as homeless. This left them open to further abuse and they had been targeted by adults who prey on vulnerable young people. They had not been entitled to leaving care services, were struggling financially, and could not envisage how they could afford to attend a University.

After they had left their adoptive families, four young people had traced their birth families but had found that the reality did not match their fantasy and were rejected/abused again. Young people thought that there should have been more support for their adoptive parents and for themselves. They would have liked their own social worker when relationships had been difficult at home. At the time of the interview most of the young people wanted to re-establish good relationships with their adoptive parents. Half of the young people were being supported financially by their adoptive parents and parenting was taking place at a distance.

Interviews with adoption managers

Twelve adoption managers were interviewed about the adoption support services in their LAs. Five of the LAs had one adoption team providing all adoption services and seven LAs had a separate team for post adoption support. There were three different models of service provision. Model A was the most traditional mode and was a team comprising qualified, and unqualified social workers, Model B comprised a team mainly of social workers with a part-time psychologist or therapist. Model C was a multi-disciplinary team providing specialist CAMHS and social work services. Many of the social workers in the teams had been trained in dyadic developmental psychotherapy, play, or filial therapy. They were working therapeutically in families but social work supervision did not always support therapeutic practice.

Placements out of area were of great concern, because access to and the type of interventions provided by CAMHS varied greatly across the country. Managers were concerned that CAMHS did not have to offer a comprehensive service and could turn away children because of rigid eligibility criteria or because they argued that it was the LAs' responsibilities to pay for therapy.

There was a common 'menu' of post adoption services provided by the LAs. However, each LA had developed specific post adoption services often drawing on existing partnerships with education and community health services. There were many examples of creative support services. In most LAs, the links between post adoption services and youth services were under-developed.

Managers were beginning to develop services for those parenting teens and for adopted teenage children. Two LAs were able to use respite care in more flexible ways using

mentors, a Post Adoption Linking Scheme (PALS), and weekend and holiday residential weekend breaks. One LA had begun and another was introducing a training programme in Non Violent Resistance for working with child to parent violence.

Managers thought that adopters who rang at the time of a crisis might have their calls answered by customer care centres, or by the duty and assessment team. The call could quickly escalate to a Section 47 investigation. Unless handled carefully and joint worked, managers acknowledged it could be a very damaging experience for the family.

It was thought that post adoption services were aware of most children who came back into care after an adoption disruption but older young people could slip through, if they presented as homeless, or were quickly put on a pathway to independence. The transfer of adopted young people from Children's Services to Adult Services was also an area of weakness. If children were not returning home quickly, the post adoption service often passed over all responsibility to the child's social worker. It was recognised that parents could feel excluded, as they were not always informed of meetings and reviews and that adopted children could get 'lost' in the system.

Managers wanted to develop a multidisciplinary service to be able to deliver a better transition from foster to adoptive care and services that were more attuned to the longer-term needs of adoptive children and their families.

Conclusion

We began this study knowing very little about adoption disruption. To our knowledge, there had never been a funded study in the UK whose focus was entirely on placements that had ended after the making of an Adoption Order. The disruption rate was lower than we expected. The reasons for that became obvious when we met the families. The commitment and tenacity of adoptive parents was remarkable. Most parents, even those whose children had left, still saw themselves as the child's parents and were supporting from a distance. An adoption manager, interviewed for this study, suggested that perhaps a revolving door approach was needed for some adopted adolescents, whereby they could spend time away from their families without it being seen as a failure. Instead, most of the families we interviewed spoke of an 'all or nothing' social work approach that blamed and judged parents when relationships were just not working and parents needed respite or young people wanted to leave. Splits and conflicts between children's social workers and post adoption social workers were reported. It left adoptive parents feeling blamed, demoralised and unsupported. It was apparent that many had lost faith in professionals of all kinds and felt betrayed.

With more children being adopted out of care and resources pumped into reduce delay and recruit more adopters, the support needs are easily forgotten, as they are mainly needed some way down the line and services, especially for adolescents, are under-developed. Although disruption rates are low (and could be lower with better support), each one of the parents and young people who were interviewed had a story of personal

tragedy and pain. It is important not to forget the hundreds of families who are 'At home' managing very challenging children. The survey results estimated this group at about a quarter of adoptive families who were parenting teenagers and even one in five of the 'Going well' group had teenage children whose SDQ scores were above the clinical cut off for probable mental health problems. Children's histories of abuse and neglect and exposure to domestic violence left them with a legacy that had affected their relationships as they were growing up and which the young people told us continued to affect their intimate relationships.

Adoption provides a stable family for maltreated children unable to return home. Parents commit themselves and their resources to children who need the same kind of family experiences as any child, but also need much more besides. Given what we now know of the challenges and impact on adoptive parents and the pain and distress of young people who struggle to live *in* a family, the spotlight now has to be shone onto post adoption support. Within a local authority, adoption services are usually a small service and adoption support is usually the smallest element within that. Support services are at the end of the line when resources are allocated nationally and locally. Yet, the adoption reform agenda needs to consider the whole adoption journey and ensure that support services receive the same level of interest and investment as services at the front end.

Recommendations

Our recommendations for policy, practice, and further research that flow from our findings are set out below.

Strategic

- Draw attention to the existing guidance on the responsibility of the placing LA to notify the receiving LA when an adopted child moves to another area.

- Require receiving local authorities to send a letter introducing its adoption service and a newsletter containing contact details and information on support services.

- Support the development of an on-line national database of adoption support services and evidence-based practices to support adoptive families. Adoptive parents and professionals found it very difficult to know what adoption support services were available.

- Require adoption agencies to demonstrate that adopted children know about and have access to support services, as well as their adoptive parents.

- Develop best practice guidelines in relation to life storybooks and later life letters.

- Encourage development of interventions that focus on the child/parent relationship and whole family interventions.

- Support the evaluation of the effectiveness of interventions to address child to parent violence (CPV) for adoptive families in which there is CPV. Such interventions include Non Violent Resistance (NVR) and Break4Change.[6]

- Examine legislation and guidance to ensure that respite care can be provided without making the child 'looked after'.

- Entitle young people leaving adoptive families to leaving care services, especially support for further education.

- Promote more effectively good practice and innovation in post-adoption services, and support implementation. This could be done through established organisations such as BAAF, Research in Practice, and C4EO. We saw and heard about many examples of good practice in individual local authorities, but they were not widely known.

- Require CAMHS to provide a *comprehensive* mental health service for children and adolescents. Children should not be turned away because they have symptoms that the particular local service cannot manage. If services are unable to be provided in a local CAMHS (Tier 1-3), there should be a duty to refer in a timely way to a more specialist service or to commission the service. Tier 1-3 has an important role to play in prevention and early intervention. Responsibilities of agencies need to be clarified, particularly when therapy is the identified need.

- Increase the coverage and availability of Tier 4 (with an adoption specialism) CAMHS.

Operational

- Improve training, supervision and support needs for foster carers and family placement workers in relation to the carers' and professionals' roles and responsibilities for children who move from foster care to an adoptive family.

- Promote the use of evidenced interventions designed to improve foster carer and child relationships.[7]

- Improve training on how to identify and work with children who are avoidant and resistant to a carer's attempts to comfort.

- Improve linking and matching practice to remove the sense of 'winners' and 'losers' in the process, and discourage the stretching of adoptive parents' preferences.

- Improve support for adopted children in schools. Children were bullied in schools because of their adoptive status. Teachers need to be better informed about

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[6] Currently, the subject of an EU project comparing NVR and Break4change. UK evaluation led by Dr Paula Wilcox University of Brighton.

[7] See Leve *et al.,* (2012)

adoption, the risks of bullying and to be more aware of the impact of activities which focus on the family and the possible impact of specific teaching on subjects such as maltreatment and attachment theory.

- Raise professional awareness of child to parent violence (CPV) in adoptive families. Social workers and other professionals working with adoptive families need training on this issue. CPV was a key factor in adoption disruption.

- Provide children with the opportunity to express their own views and opinions to a person independent of the worker supporting their parents when they are in conflict with their adoptive parents.

- Provide needs-led rather than service-led interventions. Too often, parents and children got what was available in-house and not what was needed.

- Ensure that there are appropriate services for children whose difficulties are on the autistic spectrum.

- Develop specialist services to be delivered by multi-disciplinary teams offering a range of interventions matched to children's needs. Such services are needed by the small proportion of adopted children who have very challenging behaviour and high support needs.

- Develop post adoption services for teenagers and those parenting teens. High quality life story and direct work is needed for adolescents who wish to revisit the events that led up to their adoption. There is also a need for a 'supported mediated contact service' for adolescents who wish to re-establish contact or simply need questions answering.

- Provide respite care in packages that meet the needs of families and without young people having to become looked after to receive the service. Suitable services might be delivered by more joint working with youth services or by commissioning services from activity based organisations. Innovative ways of providing respite (such as the PALS and mentoring schemes offered by some of the LAs) should be promoted and extended.

- Clarify the role of the post adoption support service. There should be an expectation that they are always notified of any adopted child coming to the attention of children's social workers, leaving care teams, or those working with young people in hostels or towards semi-independent living.

- It should be expected and seen as good practice that there would be joint working (post adoption workers and children's social workers) in cases where allegations are made against adoptive family members or where child protection investigations are begun.

- Increase social workers' awareness of the vulnerabilities and risks to adopted young people at the point of disruption. Social workers need to ask more questions and be more inquisitive about motives when young people move in with unrelated

adults in an unplanned way. Structures and procedures when there are concerns of sexual exploitation should be used.

- Implement the guidance[8] on the provision of accommodation to homeless 16 and 17 year old young people. This includes completing an assessment of need and providing access to independent advocacy.

Practice

- Identify young children who are aggressive in foster care and intervene to address the aggression. The message from research on aggression in general population samples is that most children will not 'grow out of it'.

- Be aware of the development and capacity of individual children with adoption plans. Social workers need to work with children's ambivalence, ensure children understand why they cannot live with their parent, and prepare them for placement. Adoption is a process not an outcome and children need to be helped to understand what is happening in their life. Children stated that they did not understand what was happening to them or why they could not live with their families at the time they were placed for adoption.

- Provide comprehensive and explicit information to adoptive parents with truthful information about the child. Adoptive parents need to be helped to understand the information they are given, and the current <u>and</u> potential implications for them and their child in the future.

- Plan introductions and transitions around social workers' availability to support the family and when both adoptive parents can be present. Avoidable stressors should be mitigated to help promote a smooth transition. If the transition has not gone well, additional support should be planned for the parents and for the child at the start of the placement.

- Include questions about CPV in all assessments for post adoption support services. Information may not be volunteered because of the shame and the stigma felt by families.

- Complete assessments of need for all families who are in difficulty. Regulations require the provision of services to prevent disruption. Families should only be required to give information once and therefore if the assessment of need is at the time of a disruption the needs of the parents, other children in the household, and the young person who is leaving should be considered.

- Consider residential care when children are out of control and are a danger to themselves and to others. There is sometimes a need to stabilize young people before therapeutic work can begin.

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[8] DCSF and Communities and Local Government (2010) *Provision of Accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation*

- Continue to work on improving child and parent relationships after a disruption. Reunification with the adoptive family should not be discounted. Even when young people are on a pathway to independence they would benefit if a way could be found for their parents to support them, although this may be at a distance.

Research

There are five main areas for future research:

- Improving the quality of foster care for infants and young children. Research on: understanding the motivations of foster carers who foster infants, their parenting styles, strategies for dealing with loss, and the impact on children's development of those strategies. Investigate the factors that lead to some foster carers having very limited physical contact with infants. Some children in this sample were removed at birth but had very poor outcomes. We therefore need to understand much more about how poor quality care may trigger or interact with genetic vulnerabilities.

- Preparation of children for adoption. Research on understanding the stress response of children in foster care and how abnormal levels could be reduced to ensure better transitions between foster care and adoptive homes. Was the child odour that adoptive parents identified related to stress hormones or other causes?

- Identification of aggression and child to parent violence and effective interventions. Examine the best ways of early identification of aggression. It should be noted that neither the SDQ or ACA-SF measures picked up the aggression in this sample. Evaluate the effectiveness of CPV interventions with adoptive families.

- Cost benefit/effectiveness analysis of different adoption support models. Research on understanding the benefits, effectiveness, and risks of commissioning external services or of providing services in-house.

- Adoption support services for teenagers and young adults. Research and develop practice guidance on: contact services for young people who wish to renew contact or get answers to questions that trouble them. Investigate the longer term outcomes of young adopted people as they make the transition to adulthood, especially the needs of those who are not going to be able to live independently as adults. There has been little work on the needs of these young people, their families, and their transition to adult services.

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