

Response to the Children and Young People Committee inquiry into adoption.

February 2012



Ann Bell (Development manager for Wales)

Contents and Summary

	Page
Adoption UK Wales background information.	4
Response to Questions	
Core concepts underpinning Adoption UK response	5
Prospective adopters need a consistently good response across Wales.	
Needed: A single national recruitment campaign	6
Needed: Independent, non-judgemental counselling sessions	7
Needed: A quick response.	7
Adoptive families need to be able to access appropriate support promptly	
Needed: Better financial support	9
Needed: National Minimum adoption allowances	9
Needed:Better transfer between foster and adoptive placements	9
Needed: Early Intervention and prevention	10
Needed: Support for families who are stuggling	11
Needed: Adoption aware support for families in crisis	11
Adopted Children need access to therapy and life story work	
Needed: Better access to therapeutic services based on attachment.	14
Needed: Parity with Looked After Children for access to services	14
Needed: Better life story work with adopted children and young people.	15
Needed: Better monitoring and tracking of adopted children to monitor outcome	es. 15
Needed: Better adoption awareness in schools	15
Birth parents need adequate support after an adoption has taken place.	
Needed: ongoing work with birth parents after adoption.	17
Conclusion	17

What is Adoption UK?

Adoption UK is the only UK wide charity run by and for adoptive parents. The charity's aim is to help to make adoptions successful and to promote loving and supportive relationships between children and their adoptive parents.

Adoption UK is primarily a membership organisation for prospective adopters, adoptive parents and long-term foster carers (current membership of 4,800 families). However, many of our services are available to practitioners, as well as other groups of carers/guardians, most notably our general information, training programmes and workshops and *Children Who Wait* magazine. Our services are unique in that they are informed by a wealth of adoptive parenting experience and are delivered by experienced adoptive parents; they include the following:

- Four National Telephone Helplines (one in each of the countries of the UK and taking around 5,000 calls per year from prospective adopters, adoptive parents and professional working with adopted families)
- Four offices with locally based staff in each country of the UK who have knowledge of the devolved structures of education, health and different legal systems. The Wales office is in Cardiff and there are two part time staff and currently eight especially trained volunteers coordinating support groups around Wales.
- A UK-wide network of local support groups (run by adoptive parent volunteer coordinators). Seven groups currently running in Wales with two more starting up this year.
- Buddy support schemes (linking experienced parents with new parents or parents in difficulty), and other peer support networks.
- Parent Consultants.
- A Parent Mentoring Project which was developed in Scotland and which will be rolled out across the UK over the next two years offering intensive support to families who are struggling.
- Lending libraries in each of the four countries with inter-country loans available.
- Adoption Today a magazine for adoptive families and professionals in adoption (6 issues a year).
- Children who Wait a family finding service using a magazine and an online service which features profiles of children waiting to be adopted.
- Online Community (c12,000 registered prospective adopters and adoptive parents).
- Publications and other information resources.
- Training programmes and workshops, including *It's A Piece of Cake?* which is a six day training course for adoptive parents independently evaluated by the Hadley Centre in

Bristol which has been shown to increase the confidence of adoptive parents and increase their range of parenting strategies.

The Wales office was established in Cardiff in 2008 with support from a Children and Families Organisational Grant from the Welsh Government. No one knows how many adoptive families there are in Wales in total. However, based on an average of 234 adoptions per year over the past 10 years (some of which will be sibling groups) there will be at the very lowest estimate 4,000 adoptive families with children between 0 and 25 living in Wales currently.

Our members have access to all of our services, but they are also part of a community of adopters who have made the commitment to help and support each other, with understanding and without judgement. This unique community of adopters is our most important resource.

A member of the Strategic Voluntary Adoption Partnership in Wales, Adoption UK, along with BAAF, After Adoption, Barnardos and St.David's Children's Society is exploring how the voluntary sector can work alongside the statutory sector in Wales to deliver the positive outcomes for children that Welsh Government aspires to.

Research and consultation with adoptive families.

We have undertaken a number of research studies of adoptive parents across Wales and the rest of the UK over recent years. Our report *Support Needs of Adoptive Families in Wales* was published in 2010. Based on information collected from 67 adoptive families in Wales it contains 12 recommendations for improving the support to adoptive families and improving outcomes for adopted children in Wales. A copy of this report has already been sent to the committee.

Ann Bell,- Development Manager for Adoption UK in Wales and herself an adoptive parent and an adoptee, has recently completed a piece of research at Masters level with the University of Wales Swansea. This looked at the **support needs of adoptive families during the first year of adoptive placements** from the perspective of adopters and adoption social workers in Wales. It included a comprehensive literature search and the findings are included in the evidence submitted here.

Other studies undertaken by Adoption UK looked at the recruitment and assessment process. We will use the information gathered in all these studies to inform our response to the committee. Perhaps the most striking finding from all this work is the **great variety in service provision which exists across the 24 adoption agencies in Wales and the 22 local authorities. It is this inconsistency in response which we would like to see addressed by the creation of some kind of national agency or service.**

Response to the Questions

Core concepts

Adoption UK's responses to the inquiry questions are underpinned by the following core concepts:

- Wherever possible, it is preferable for children to be brought up within their own birth family. However, where this is not possible, for whatever reason, adoption offers many of those children the opportunity of a stable, permanent and loving family.
- Children's needs should be at the heart of the adoption process. Their views, feelings and wishes should always be taken into account in any decisions.
- Early trauma and neglect massively affects healthy child development and without addressing it we fail both children and society.
- The long term costs of failing to address early trauma far outweigh the costs of providing high quality, professional and effective support to children and families.
- The effects of trauma and loss on the emotional, physical, behavioural and educational development of adopted children and children in care must be acknowledged and reflected in appropriate service provision.
- The effects of secondary trauma on adoptive parents and their wider families as a consequence of parenting traumatised children must be recognised, acknowledged and addressed by those who work in adoption.
- The role of adoptive parents in "reparenting" and being "therapeutic parents" must be valued by all those working in adoption. Adoptive parents and practitioners should be equal partners in meeting the needs of adopted children.

Prospective adopters need a consistently good response across Wales.

Many people interested in being adoptive parents do not make it through the "front doors" of the adoption agency, because they are turned away without a proper assessment of their potential as prospective adoptive parents, or they are not treated with the necessary welcome and support. Thus many children in care lose the potential to be adopted because prospective parents are lost to the system.

Potential adopters regularly report to us that they were discouraged when they made their first phone call to an adoption agency and that it was not a positive experience.

Our recent survey of adopter's recruitment experiences in which 181 responses (from across Wales and England) were analysed found that:

"over a quarter of respondents (27%) said that they were actively turned away from the agencies they approached, with a similar number (29%) saying that they were turned away from three or more agencies. When asked the reasons for this, 17% said that they were told that their agency was not currently recruiting adopters, 11% were told that their personal profile didn't match that of the children in the agency's care, whilst 13% were told that their ethnicity did not match that of the children in the agency's care. More worryingly, 11% received no response at all further to their enquiries."

Waiting to be parents: adopters' experiences of being recruited (Adoption UK Survey and Report, January 2011,p2)

Needed: A single national recruitment campaign

Adoption UK is clear that there needs to be a single national recruitment campaign in Wales to promote adoption as a positive option. This should direct interested parties to a single website and phone number where accurate basic information about adoption and the assessment process can be given and initial details taken from people who wish to proceed further. The current system of 24 separate recruitment campaigns running across Wales is clearly not a good use of resources, and mitigates against consistency.

Needed: Independent, non-judgemental counselling sessions.

The report quoted above also suggests that offering an independent counselling session to prospective adopters at an early stage where they are able to explore their feelings about adoption fully without the worry that they were jeopardising their chance of adopting was found to be very helpful. The majority of people still come to adoption after many emotionally difficult years of trying to have birth children. It is important that they have an opportunity to express their grief and loss about not having children from birth who are biologically connected to them before they move on to adoption.

Needed: A quick response and effective assessment.

Once prospective adopters have made contact they need to be offered an initial information session with a preparation course and the opportunity to begin their home study assessment without significant delay. The length of time taken to complete the assessment is in our judgement **less important** than the sense that things are progressing and that the assessment is being conducted thoroughly.

Adoptive families need to be able to access appropriate support promptly.

All children who are adopted will have experienced some form of loss or trauma through being separated from their birth families. Many adopted children will have experienced further loss and trauma through their early experiences of abuse or neglect within the birth family, which may have been compounded by numerous moves within the public care system. For many children, this trauma will lead to emotional, behavioural, educational or development difficulties, which may also affect the children's abilities to form secure attachments with their new parents. Traditional parenting techniques may not work and adoptive parents may need to develop alternative parenting strategies in their role as "therapeutic parents" for traumatised children.

For the child; forming attachments with their new family isn't an easy or natural process. Why should they trust their new parents? How do they cope with the loss of their birth family; essentially everything they knew up to that point, however harmful it may have been? Everyday, there are tiny triggers that make life an enormous challenge for these special children. Emotionally they are on permanent red alert. As a result, the behaviours many of these children present are often difficult, challenging and unrelenting for their new families.

For families longing for a child, who have been through a long and arduous process to be approved as adoptive parents, being rejected and constantly challenged by their child's behaviour places enormous stress on the family.

The calls we receive on our helpline and the responses we collect when we survey adoptive parents across Wales, tell us that many feel isolated, abandoned, under extreme pressure and some are close to giving up altogether. Parenting an adopted child can be the most rewarding and satisfying experience for the family and offers the child real hope of a better future. But to succeed both the child and the adoptive family may need a wide range of therapeutic and support services. While support may be available from local authorities there is no duty to provide support to adoptive families.

A survey of the Adoption Support Services Advisors across Wales undertaken in 2010 found that only half of adoption agencies had a separate budget for adoption support and of those that did, all reported that the budgets were far too small to meet the needs of the adoptive families in their care.

Needed: Better Financial Support

The challenges faced by adoptive parents when their new children arrive in the family home need to be better recognised. Adoption UK is campaigning in England for changes to statutory adoption pay and leave which are currently not as good as maternity pay and leave. One example is that self employed adopters are not entitled to adoption pay whilst self-employed birth mothers are entitled to maternity pay. This discrimination makes no sense, when one considers that adoptive parents are caring for and parenting some of the most traumatised children placed from the UK care system.

Needed: National minimum adoption allowances.

Local authorities have responsibilities to provide additional financial support to adopters in some cases. However this is not a statutory entitlement and there is no consistent national approach to adoption allowances with local authorities setting their own policies. A national minimum adoption allowance should be introduced for all families who adopt from the care system. This would allow them to reduce their working hours and spend more time at home building new and vital bonds of attachment with their child(ren).

Needed: Better transfer between foster and adoption placements.

The transfer from foster placement to adoptive family is a crucial and potentially damaging event for a child who may have grown to feel secure and safe for the first time in a family environment. Where possible there should be a greater willingness to accept that some foster carers will wish to adopt the children who are placed with them. Currently foster carers are often discouraged from applying to adopt. Fostering teams, understandably, do not wish to lose the valuable resource of good fostering placements. Where a move is inevitable, both child and foster carer need support to ensure the move goes smoothly and consideration should be given to allow ongoing contact with the foster carers where this is felt to be in the best interest of the child. Our research shows that the role of the foster carer in preparing the child for movement to adoptive family is poorly researched and support and training for foster carers is not consistent in this regard.

Concurrent planning, pioneered by the Coram Adoption Service in London and used by them and some English authorities for the past ten years is an important way of reducing the long term damage to young infants who it is likely will be placed for adoption but for whom

decisions and placement in their permanent family is currently likely to take at least a year to achieve. In Concurrent planning, adoptive parents are recruited who are also willing to act as foster parents for these infants. Although this route is not for all adopters, it can offer much better outcomes for the children as they only have one move into the foster family who can then become their 'forever family' if adoption is the outcome. This happens currently when foster carers apply to adopt the children they have cared for, but many still report that they have a long battle to persuade adoption agencies that this is the best course of action for the children rather than being encouraged to think of this from the outcome.

Needed: Early intervention and prevention.

The research carried out at Swansea University and elsewhere suggests that the first year of an adoptive placement is a crucial one in setting the tone for parent child relationships into the future. Yet at present there is little guidance on, and much variation in, the support provided during year one. In common with families who have had birth children, there needs to be a clear framework of support and monitoring for new adoptive families. This should include a much more comprehensive assessment of the potential needs of the child and a more detailed adoption support plan being drawn up and agreed by all parties. The family must be linked from the start into a network of peer support such as that offered by Adoption UK through membership, support groups, family days and a helpline. Currently Adopters only know about Adoption UK if their social workers tell them and many are not aware of the organisation. In Northern Ireland all new adopters are given free membership of Adoption UK to ensure they are linked into peer support from the start.

Each new adoptive family should be offered a place on an intensive parenting course between six and twelve months after placement, allowing parents to increase their knowledge, skill and confidence in parenting their new child. It is important that parents are given these skills before their parenting style becomes distorted by the unhealthy parent child relationship patterns that children often carry from their birth families. The course should be delivered by a combination of professionals and experienced adoptive parents and focus on parenting strategies specific to the needs of their own child. Along side this is the need for better training for social workers and health professionals in identifying early difficulties in new adoptive families. The rate of post adoption depression for example is almost the same as for post natal depression and yet there is no routine screening which identifies it and many GPs are unaware of it. Training and guidance needs to be offered to the extended family of adopted children since traditional parenting strategies will not always work and parents will need support in using other techniques.

Needed: Support for families who are struggling.

Research suggests that about two thirds of adoptive families will at some point in the childhood of their adopted children experience difficulties associated with adoption. This may be connected to explaining difficult early life stories, negotiating birth family contact arrangements or dealing with challenging behaviour. These families will need one to one support from services who fully understand the challenges of adoptive family life.

Research suggests that parent mentoring and small scale, intensive group parenting programmes seem to offer the best chance of effecting long term change in parenting style when children's early trauma and attachment difficulties mean their current parenting strategies are not working. However there is a need for more research to be carried out into the effectiveness of these programmes so that future decisions on commissioning and funding can be based on evidence rather than anecdotes.

Adoption UK offers a range of family support services which includes a buddy service, a parent consultant service and a parent mentoring service. We believe that adoptive families are more likely to be frank and open with others who are also adopters, and to accept suggestions for change better from people who have been in their situation. Families need to be aware that these services exist and know how to access them readily. They also need to be given the message that it is not a failure to need support.

Needed: Adoption- aware support for families in crisis

Families who are at risk of breaking down will usually be assessed by the local authority intake team in the same way as any other family where there is a 'children in need' or 'child protection' referral. However, these teams may have little or no knowledge about adoption. Their working model is one of current dysfunctional parenting. It is essential that any children in need or child protection investigation is carried out by social workers who understand that children carry with them the patterns of earlier abuse and neglect and that these may become confused in their minds with events in their current family.

Families facing significant challenges need to be able to access support from education and health professionals quickly, however many services are not currently "adoption-aware" or "adoption friendly". Ongoing professional development for professionals in health and education about the impact of early trauma and neglect on long term development of children is important to help them respond appropriately when adoptive families contact them.

Adoption UK currently runs an inset programme for schools and CAMHS teams alerting them to some of the issues that adopted children may face in accessing education. Such training needs to be much more wide-spread and funded nationally.

SNAP Cymru is relatively well resourced and able to offer a useful service to all families where there are concerns about a child or young person's education or development. Adoption UK is currently working with SNAP Cymru to ensure that all their staff are adoption aware and is making adoptive families aware of the services that SNAP can offer. Adoption teams should be referring adoptive families much more often to the SNAP Parent Partnership service. Currently many teams don't seem to know about the service.

Adopted Children need access to therapy and life story work

Article 39 of the UN Convention on the Rights of the Child says that 'States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.'

This implies that adopted children who have suffered from early trauma and neglect should be entitled to the therapeutic interventions that they need in order to recover from that abuse. Current legislation however only gives adopted children the right to an assessment of their support needs, not a right to have those needs met.

Surveys of adoptive families in 2005 in the UK and in 2009 in Wales found that adoptive families experience of CAMHS was at best mixed and often poor.

- Parents were doubtful that CAMHS staff understood adoption issues and were able to emphathise with the difficulties they faced.
- Individual therapy for children was often provided without input or feedback to the parents.
- Almost half the parents claimed that the treatment plan was not shared with them.
- There were doubts as to the efficacy of the intervention amongst a substantial number of parents.
- The mainstream mental health/ therapeutic model is one of a "dysfunctional birth family", with the core belief that it is the presenting family and their parenting skills, that is the issue. This approach is not appropriate for adoptive families who may be trying to cope with the imported pathologies and trauma from the birth family and from the impact of inappropriate "public care".
- There is limited or no understanding amongst CAMHS professionals of adoption, attachment, and complex trauma.

Needed: therapeutic services for children and young people.

CAMHS teams need inset training to ensure that they undertand the needs of adoptive families. Many teams freely admit that they work on a very 'medical model', meaning that most of the staff are consultants and psychiatrists who look for conditions which can be diagnosed and treated with medication. CAMHS teams need to have more family therapists working in them, or need to be able to refer families on to independent therapists who have skills and knowledge of attachment disorders and developmental delay caused by early trauma and abuse. Adoption UK has been working with several other organisations in Wales to establish an All Wales Attachment Network. This network aims to increase undertanding of attachment based therapies and share expertise and examples of good practice amongst professionals and parents in Wales.

Needed: Parity of access with Looked After Children in education and CAMHS

Adoption UK believes that a significant improvement could easily and quickly be made to the existing system by giving adopted children the same access to education and CAMHS provision as children in the Looked After System currently receive. This view is supported by the Children's Commissioner for Wales.

Needed: Better life story work for adopted children and young people delivered in partnership with adoptive parents.

Even though not all adopted children will require therapeutic intervention, all will at some point have to find out more about and come to terms with their dual heritage as a birth child and an adopted child. This will bring challenges at various points in their lives as they work on developing a sense of identify. For most of them, the reasons that they were put into public care in the first place will be very difficult stories to hear, and difficult for adoptive parents to tell. Adoptive parents will not always have the full facts themselves and will be wishing to protect their children from difficult emotions. Access to skilled, professional help with life story work can make a big difference to adopted children. Social workers should recieve more training in how to deliver it sensitively and effectively.

Needed: better monitoring and tracking of adopted children to measure outcomes.

There is an urgent need to record adoption disruption statistics and to collate disruption review findings from across Wales. This data will provide significant information regarding barriers and gaps in the adoption support services. Figures collected in 1999 and 2000 from longitudinal studies of children placed for adoption suggested that the breakdown/disruption rate may be as high as one third across England and Wales. There is no recent data, but the Department for Education in England have just commissioned research by the Hadley Centre for Adoption and Foster Care Studies at Bristol University to examine the current break down and disruption rates. This may be an opportunity to gather and interpret similar data in Wales.

Routinely collecting statistics on adoption breakdowns and disruptions and pulling together learning from those cases is one way forward. However, this will not tell us about those families who are in real difficulty but where the family has not broken down. The behaviour of a significant number of adopted children results in them entering the criminal justice systems when they reach adulthood. Adopted children who have not recovered from their own early trauma and neglect may not able to parent their own children adequately when they grow up. This is by no means an uncommon outcome judging by calls to our helpline, although again we don't have the statistics to measure it. Longtitudinal studies of cohorts of children who have been adopted are really the only way to gather this data.

Needed: Better adoption awareness in schools

Schools are the other place where the impact of early trauma and neglect will be seen. Adopted children, in common with children in the looked after system, may have developmental difficulties which will impact on their ability to make friends and enjoy the social side of school life and may effect their academic achievement. This has been recognised in the case of looked after children who are given priority for school places and educational support services, however adopted children do not get this although in many ways their needs will be the same.

On a yet more simple level, many subjects within the school curriculum are fraught with difficulty for adopted/fostered children. Classwork on family trees, family timelines or baby pictures for instance are areas that may cause distress and upset for adopted/fostered children.

 The teacher in each school who is responsible for looked after children should also be the first port of call for concerns about adopted children.

- The local authority L.A.C.E coordinators should be responsible for adopted children as well.
- Adopted children should get the same prioritisation as looked after children for the Educational Psychology service
- Counsellors working in the school counselling service should have training to help them recognise the impact of early trauma and neglect and attachment disorders. (currently most use CBT models which do not necessarily serve the needs of these children well)
- Adopted children should get the same prioritisation as looked after children for school places.
- Schools should have access to inset training for staff on how to work with adoptive families.

Birth parents need adequate support after an adoption has taken place.

All too often a birth mother will have more than one child removed for adoption and may well go on to have further pregnancies without having made any significant changes to their lives. Sadly it is not unusual for three or more children to be removed over a period of years. Each child removed is a tragedy for the child but also for the birth parents.

Needed: better ongoing support for birth parents post adoption

The granting of an adoption order should not mark the end of support for birth parents but the start of a renewed effort to help them address some of the conditions and behaviours which led to the adoption. Many adopted children will at some point in the future wish to make contact with their birth parents. It is in everyone's interest for the birth parents to have support to prevent future children being removed and placed in public care and so that they can build better relationships with the adopted children in the future if that is the wish of the adopted person and the birth parent.

Conclusion

In conclusion, there is clearly a trend towards more children entering the care system in Wales and a need for more children to be found permanent homes away from their birth families. There is almost certainly an untapped potential for more potential adoptive parents to be attracted to adoption by unblocking a number of the current sticking points:

- Conducting a national recruitment campaign
- Improving the response to initial inquiries
- Offering better support for new adopters.

Adoption can be a very positive move for many of these children as long as the adoption support services are adequate to support the families across the lifetime of the adoption. Currently adoption support services are significantly underfunded and too many families are left to struggle in their challenging task of re-parenting children who have suffered early neglect and abuse.

An investment in adoption support services will improve outcomes for adopted children and will reduce the numbers of families who break down and the numbers of children returning to the care system. It is therefore a sensible investment both in terms of outcomes for children and in effective use of public funds.

There is a need for more awareness raising amongst professionals in education, health and social services about the issues that adoptive families face with so that appropriate help can be given.

Research shows us that adoptive parents respond well to help and support from other adoptive parents. Adoptive families are themselves an important resource and should be valued and fully involved in the development and delivery of adoption support services.

Adoption UK in Wales welcomes this inquiry and the proposed creation of a single national adoption service in Wales. We believe that there is an opportunity to create a really first class service which will improve outcomes for some of Wales' most vulnerable children.