

**Beyond the Adoption Order (Wales):
Discord and disruption in adoptive families**



**Final report to the Welsh Government
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List of Acronyms

ACA-SF:	Assessment Checklist for Adolescents (Short Form)
ADHD:	Attention Deficit Hyperactive Disorder
APV:	Adolescent to Parent Violence
AUK:	Adoption United Kingdom
CAMHS:	Child and Adolescent Mental Health Service
CPV:	Child to Parent Violence
EBD:	Emotional and Behavioural Difficulties
FASD:	Foetal Alcohol Spectrum Disorder
GP:	General Practitioner
HADS:	Hospital Anxiety and Depression Scales
IVF:	In Vitro Fertilization
LA:	Local Authority
LAC:	Looked After Child
NAS:	National Adoption Service
OT:	Occupational Therapist
PRU:	Pupil Referral Unit
SDQ:	Strengths and Difficulties Questionnaire
SEN:	Special Educational Needs
SENCO:	Special Educational Needs Co-Ordinator
SPSS:	Statistical Package for the Social Sciences
VAA:	Voluntary Adoption Agency

CHAPTER 1 : BACKGROUND TO THE STUDY

The report on the first national study on adoption disruption in Wales found that over an 11-year period, the cumulative risk of disruption (post order) stood at just 2.6% (Wijedasa and Selwyn, 2014). The proportion was similar to that found in England, where the risk of disruption over the same timeframe was 2.9%, and 3.2% over a 12-year period (Selwyn *et al.*, 2015).

However, the encouragingly low rate of adoption disruption, when considered in isolation, belies the bigger picture - that being the substantial strain and turmoil experienced within many more adoptive families. Findings from the recent study on adoption disruption in England, revealed that more than a quarter (26%) of the 390 adoptive parents surveyed, whose child lived at home, reported major difficulties in adoptive family life (Selwyn *et al.*, 2015). It is essential that we develop a greater understanding of the challenges adoptive families experience and the support services that are needed to help prevent disruption.

THE PROFILE OF CHILDREN PLACED FOR ADOPTION IN THE UK

In the year ending 31st March 2013, there were 5,769 looked after children in Wales. During that year, 327 (6%) children were adopted; 10% of whom were adopted by their former foster carer (Statistics for Wales, 2014).

Children adopted from the UK care system carry many risks known to compromise healthy development. Most children will have suffered some form of abuse and/or neglect whilst living with their birth family (Statistics for Wales, 2014). Maltreatment is one of the most stressful experiences faced by children, and one that place them at greater risk of poor developmental outcomes. The evidence for the adverse effects of exposure to abuse and neglect in childhood is compelling. Maltreatment has been associated with impaired functioning in many developmental domains, including, but not limited to social interaction, cognition, learning ability, physical and mental health, and behaviour (see for example, Meadow *et al.*, 2011 and Norman *et al.*, 2012 for reviews of the literature). Recent advances in our understanding of the neurobiology of maltreatment have further demonstrated the connection between the trauma caused by exposure to abuse and neglect and the

significant structural and functional impacts on children's development (e.g. McCrory *et al.*, 2010; CDCHU, 2012; Jaffe and Christian, 2014).

Furthermore, there is strong evidence for the enduring impact of early adverse experiences (Cicchetti, 2013; Ungar *et al.*, 2013). Trauma can trigger a range of successive disorders at different developmental stages, such as regulatory disorders in infants, attachment disorders in young children, conduct and emotional disorders in adolescents, and personality and affective disorders in adult life (Schmid *et al.*, 2013). Early trauma has been associated with poor adult health, such as an increased risk of developing diabetes and heart disease (Felitti *et al.*, 1998).

Other known factors that place children at greater risk of poor developmental outcomes include genetic vulnerabilities and pre-birth risks such as exposure to alcohol and drugs in the womb (Sabates and Dex, 2012). The long-term effects of exposure to substance misuse in utero can include physical, behavioural, cognitive, and language impairment (e.g. Behnke and Smith, 2013). There is also overwhelming evidence on the detrimental and irreversible impacts of pre-birth exposure to alcohol (British Medical Association, 2007).

Importantly, most children adopted out of care carry several or all of these risks (Rushton, 2003; Selwyn *et al.*, 2006). Many children will have lived in chaotic and unpredictable birth family households or been abandoned or rejected; others will have had repeated admissions to the care system after re-abuse, coupled with multiple experiences of separation and loss. In their short lives, many children will have had several changes of primary carer before being placed for adoption. The English study of adoption found that only 87 (0.3%) of 26,478 adopted children had only one foster care placement whilst looked after. The majority had experienced two or more placement moves (Selwyn *et al.*, 2015). Research from the US has found that moves are associated with the later development of emotional and behavioural difficulties, even after controlling for background factors, such as age at entry to care (Rubin, 2004; 2007).

With a legacy of abuse and neglect, and a propensity for other risk factors known to compromise development, a substantial number of adopted young people do present with complex needs that endure through childhood, adolescence and beyond. Occasionally, adoptions disrupt as a result of the intense challenges faced by adoptive families. More

often however, families in difficulty manage to remain intact, albeit in very strained and testing circumstances. Timely, appropriate, informed, and compassionate professional support is essential to help bolster these vulnerable children and their adoptive families.

THE SUPPORT PROVIDED TO ADOPTED CHILDREN AND THEIR FAMILIES IN WALES

Local Authorities in England and Wales have a duty to maintain an appropriate service for adoption support (Adoption and Children Act, 2002), but the type of services provided by local authorities are discretionary. In an earlier study on the support needs of older adopted children and their families living in England and Wales, Lowe and colleagues (1999) found considerable variation in agency provision. Reflecting on a subset of families who had experienced an adoption disruption, they stressed the importance of *'full and frank'* discussions between the placing authority and prospective adopters before placing a child. In addition, they recommended a good assessment of the child's history, the identification of support that might be needed and the setting out of the resourcing strategy for that support prior to placement. Even though the study was carried out more than 15 years ago, many of their key findings and recommendations remain relevant.

Reporting on two Adoption UK (AUK) surveys of adoption support in Wales, together with information collated from the AUK helpline, Bell and Kempenaar (2010) noted the high proportion of adoptive families who did not know they had a legal right to request an assessment of need. Furthermore, they identified uncertainty amongst professionals, as to who was responsible for conducting needs assessments, highlighted concerns about the thresholds for accessing support and exposed variation in the level of expertise between local authorities in matters relating to adoption. Pennington (2012) reported similar findings from an Adoption UK survey.

The Inquiry into Adoption by the Children and Young People's Committee (Welsh Government, 2012) exposed deficiencies in post adoption support services. The committee identified, in particular, the barriers adoptive families faced in accessing timely and appropriate support from both CAMHS and other services providing therapeutic support. They also recognised the changing needs of adoptive families and highlighted the importance of supporting families in the longer term. Indeed, the recent study on adoption disruption in England (Selwyn *et al.*, 2015) found that in many instances, serious difficulties

in adoptive family life only emerged or escalated as adopted children approached adolescence; most often, several years after the Adoption Order had been made. Adopted young people in the study were exhibiting intensely challenging behaviours, including child to parent or child to sibling violence, running away, criminal activity, drug and alcohol abuse, and sexually inappropriate / sexually deviant behaviour. A few young people in the study were showing signs of a serious mental illness.

In examining the provision of adoption support in Wales Ottoway and colleagues (2014) described a generic model operating in most Local Authority adoption agencies, with staff tasked to cover all aspects of adoption work. The study found that within this system, adoption support was commonly limited and not prioritised. There were few teams who specialised in and whose focus was on adoption support. Furthermore, they found that difficulties in providing adoption support were compounded by under-resourcing. The study also exposed the difficulties families faced in accessing specialist support for adopted children (including CAMHS) - echoing the findings from the Welsh Inquiry into adoption.

However, the study by Ottoway and colleagues (2014) also revealed that more than half (58%) of the families who had received adoption support in Wales, rated it as 'good' or 'excellent'. It should be noted though, that the sample included families where the Adoption Order had not yet been made and the majority of adopters were parenting children under the age of ten. Consequently, most families in the study had not yet had the occasion to present with the complex, resource intensive, support needs that have been shown to emerge or escalate as adopted children approach adolescence (Selwyn *et al.*, 2015).

In this brief review of adoption support, attention should be drawn to the major reforms currently underway in Wales. The National Adoption Service, launched in November 2014, aims to promote equitable, quality provision across the country for adoption services, including that of adoption support. It is anticipated that the initiative will allow for better collaboration and joint commissioning of adoption services, resulting in an efficient use of resources. In the future, it will be interesting to compare the progress made in providing good post adoption support through a national service in Wales, with the different approach taken in England.

SUMMARY

Adoption offers a tremendous opportunity for maltreated, rejected, or abandoned children who cannot live with their birth family, not least in providing an environment conducive to developmental recovery (Palacios and Brodzinsky, 2010). Many adopted children do make immense progress. However, there remains much to learn about how best to support the substantial number of adoptive families known to be struggling.

Although the rate of adoption disruption is low, the toll on those who live through the experience of disruption is devastating. Every parent and child interviewed in the English disruption study (Selwyn *et al.*, 2015) had a story of personal tragedy and pain. A greater understanding of the routes into adoption disruption is needed, as so little is known. In particular, information is needed about the support necessary to help avert disruption, together with a better understanding of the process, impact, and experience of disruption when it does occur. This study aims to fill some of the gaps in knowledge.

CHAPTER 2 : AIMS AND METHODS

The first phase of the study calculated the rate of post order adoption disruption in Wales and established factors that predicted disruption. These findings are available at <http://wales.gov.uk/topics/health/publications/socialcare/reports/adoption/?lang=en>.

Phase two of the study, reported here, built on that earlier statistical analysis and took into account the findings from the study completed on adoption disruption in England (Selwyn *et al.*, 2015). Phase two had three specific aims:

- To explore the experiences of adoptive parents living in Wales, who had faced an adoption disruption or whose child lived at home, but where family life was considered very difficult and at risk of disruption.
- If possible, to explore the views and experiences of young people who had faced an adoption disruption.
- To provide recommendations on how disruption might be prevented and how they might be better managed when they do occur.

DEFINITION OF ADOPTION DISRUPTION

In this study, an adoption was considered to have disrupted when an adopted young person had left their home under the age of 18, because of difficulties in family life. They might have become looked after, gone to live with extended family or friends, or moved into independent living. Step-parent and inter-country adoptions were excluded.

RECRUITMENT OF ADOPTIVE PARENTS

The research team made contact with the manager in every adoption agency in Wales, to request their help in recruiting families to the study (three of which were regional adoption centres and two were Voluntary Adoption Agencies). Two adoption support agencies, Adoption UK (AUK) and 'After Adoption' were also approached for help.

The adoption teams were asked to identify adoptive families who had experienced an adoption disruption, or who were having significant difficulties in adoptive family life, and to send a letter out to these adopters on our behalf. The letter informed parents about the

study and invited them to participate. Parents wanting to contribute to the study were asked to send their contact details directly to the research team, using the pre-paid envelope provided.

There was great variation in the assistance offered by adoption managers. Managers in Cardiff, The Vale of Glamorgan, and Caerphilly were particularly helpful, as were the voluntary adoption agencies (VAAs) and adoption support agencies. One LA team manager tried to boost recruitment by writing a sensitive, supporting letter to adoptive parents, acknowledging how difficult participation might be, but emphasising the importance of the study and encouraging parents to consider taking part.

However, several LA managers simply did not respond to our communication, despite multiple emails and telephone messages. There was silence. During the recruitment phase of the study, several adoptive parents living in Wales contacted the research team directly, asking to take part. Most often, they had heard about the study through adoption support forums. Some of these adoptive parents were frustrated or annoyed that their LA had not forwarded a letter to them on our behalf and they questioned whether this was a deliberate attempt to exclude their family from participation in the study. Several parents living in Wales were recruited to the study, after having responded to a survey intended for adopters in England.

We did have concerns that those local authorities who had been the most helpful in identifying prospective families might be significantly over-represented in the interview sample, and although we were not seeking a representative sample, we did want to speak to parents living in different regions of Wales. In the event, given the range of ways in which families found out about the study, our concerns were unfounded. The twenty adoptive parents we interviewed were living in 11 different local authorities, with children placed by 13 different local authorities (including three English LAs). All had been assessed and approved as adoptive parents in Wales by 12 different agencies (10 LAs and 2 VAAs).

ATTEMPTS TO RECRUIT YOUNG PEOPLE

Given the very low rate of adoption disruption, we were aware from the outset that it would be difficult to locate and recruit a sample of young people willing to talk about their adoption experiences. We tried to attract participants in several different ways. In the first instance, we asked adoption teams to forward a letter on our behalf to any young person known to them, who had experienced an adoption disruption, or to put us in contact with the young person's social worker, so that we could request their help in encouraging the young person to take part. Through this route, we know that a few young people were made aware the study, but none agreed to be contacted by the research team. As was the case with the recruitment of adoptive parents, some local authorities were more helpful than other LAs.

We also contacted several post 16 (leaving care) teams directly, asking them to forward a letter on our behalf to any relevant young person known to them. In our initial correspondence with the teams, we enclosed several letters to be forwarded to young people, together with pre-paid envelopes. We thought that staff might be more inclined to distribute letters on our behalf if they had them to hand. Whilst we do not know how many young people were contacted about the study via the leaving care teams, we do know that none consented to interview. Furthermore, we made contact with youth offending teams, homeless charities and other voluntary organisations (such as Llamau, Talk Adoption and Barnardo's) to ask for their help in reaching those young people who met the study criteria and who might like to contribute. However, no interview leads were forthcoming.

From the interview work with adopters, we knew of 10 children who had experienced an adoption disruption and where appropriate, we asked parents whether they would pass an invitation to participate in the study on to their child. Three parents were not asked as their son or daughter was under the age of 14. Given the sensitive nature of the interview, we considered that it would not be ethically responsible to include such young children. Other parents did not want to pass on the invitation, for fear of upsetting their child, and one mother said that her son had had already been approached about the study by his social worker. In the event, only a couple of adopters felt in a position to forward the letter to

their child on our behalf, but neither young person responded to our invitation to participate.

INTERVIEWS WITH ADOPTIVE PARENTS

Semi-structured interviews were undertaken with 20 adoptive parents: 10 parents who had experienced a disruption and 10 parents, whose child lived at home, but where family life was considered difficult. Most interviews lasted about three hours (range 2- 4 hours) and all took place in the adopters' homes. For those families who had faced more than one adoption disruption, the interview focussed on the first child to have moved out of home. For those, where parenting more than one child living at home was challenging, the interview focussed on the child for whom parenting was considered the most difficult. The same interviewer conducted all the interviews. A case summary was written up after each interview.

The interview schedule was developed using our own previous research (Selwyn *et al* 2006, Selwyn *et al.*, 2015), and the work of others, including McRoy *et al.*, (1988), Wrobel *et al.*, (2004) and Brodzinsky (2006). Key interview topics were identified at the outset of fieldwork. They comprised: initial preferences and motivation to adopt, preparation and assessment, linking and matching, introductions and early days, contact and communication, onset and escalation of difficulties, service responses, and the experience of disruption.

The interview schedule was broadly similar to that used in the English study of adoption disruption (Selwyn *et al.*, 2014), although questions were refined and topics developed in the light of the English findings. For example, in Wales, we asked adoptive parents more about the children's preparation for adoption and we sought detailed information about the nature, quality, and use of life story books. The unexpected extent of child to parent violence reported by adoptive parents in England, prompted us to explore fully the experiences of violence within adoptive families in Wales. We also sought detailed accounts of the movement of children on leaving their adoptive home in Wales and considered parents' views of their child's vulnerability at this time.

An investigator-based method was used, which combines a qualitative approach to questioning, with a quantitative treatment of data (Brown 1983; Quinton and Rutter 1988). The interview questions, mainly open ended in nature, were pre-coded into broad response categories to produce numerically analysable data. The questions often served as a starting point from which respondents shared rich and detailed accounts of their experiences and it was through this process that unexpected themes emerged.

MEASURES

Adoptive parents completed three standardised measure. More information on the measures can be found in the Appendix.

- The Hospital Anxiety and Depression Scale (Zigmond and Snaith, 1983) asks about an adult's mood in the past week.
- The Strengths and Difficulties Questionnaire (Goodman, 1997) is a brief behavioural screening questionnaire for children
- The Assessment Checklist for Adolescents (short form) (Tarren-Sweeney, 2007; 2014) measures a range of behaviours that are rare in the general population, but often seen in the looked after population

ANALYSES

Numerical data were entered into SPSS. The transcribed interviews and the narratives were coded by hand. Data were analysed thematically, in four key stages:

Familiarisation: Every transcript was read and re-read alongside each case summary to promote familiarisation with the entire data set.

Identification of themes: Emerging and recurring patterns (themes) in the data were drawn out. Whilst some of these themes had been identified at the outset of the fieldwork, others were generated from within the dataset.

Indexing: Specific chunks of data were labelled (coded) to link them with the corresponding themes identified. Themes were refined.

Mapping and interpretation: Organised data was searched for patterns and associations between themes. The range and nature of phenomena was explored, typologies were created, and explanations for findings were sought.

In the next chapters, we report on the findings from the interviews with the adoptive parents. We begin with parents accounts of their assessment, preparation, and introduction to the child who they went onto adopt.

SUMMARY

The main aim of the study was to explore the experiences of adoptive parents living in Wales, who had faced an adoption disruption or whose child lived at home, but where family life was considered very difficult and at risk of disruption. Twenty adoptive parents were interviewed - ten parents who had experienced a disruption and ten parents who were finding parenting very challenging. In depth, face-to-face interviews enabled parents to share detailed accounts of their experiences. Standardised measures were completed on the parents and children's well-being. Despite great effort, the research team were not successful in recruiting a sample of young people who had experienced a disruption.

CHAPTER 3 : PREPARATION, INTRODUCTIONS AND TRANSITIONS

In this chapter, we describe the characteristics of the adoptive families and the 20 children who were the focus of this study. The adoptive parents' accounts of their own assessment and preparation and their knowledge of their child's preparation will be outlined. Matching, introductions, and the transition from foster care to the adoptive family will also be considered. It should be remembered that the families were selected for interview because of the serious difficulties they faced in adoptive family life. They are not typical of adoptive families generally, but may be typical of those families who are struggling. We know from the study of adoption disruption in England that two-thirds of adoptions were going well or at least fairly well. Here the focus is on families in difficulty, where adopters were parenting children with a very high level of need.

In the chapters that follow, the ten families who had experienced a disruption will be referred to as the 'Left home' group, whilst the ten families who were finding parenting very challenging with their child living at home, will be referred to as the 'At home' group. We have chosen to use these terms because adopters who were interviewed in the English study commented on the negative connotations attached to words such as 'disruption' and 'breakdown'. The words imply finality, but for many parents, even though their child did not live at home, they continued to parent, albeit from a distance. Where appropriate comparisons will be made between the findings in this study and the findings in our earlier study of adoption disruption in England (Selwyn *et al.*, 2015).

THE ADOPTIVE FAMILIES

Parents from 20 adoptive families took part in face-to-face interviews. Twelve mothers and one father were interviewed alone, and seven sets of parents were interviewed together (including one same sex couple). Four of the parents had been approved as a single adoptive parent. Since their approval as adopters, one couple had separated, with the mother no longer living in the family home, and one adopter, approved as a single parent, had met a partner, who was in effect co-parenting the child, albeit without having formally adopted him. All the adopters had been approved by agencies in Wales; fourteen approved by a local authority (LA) and six by a voluntary adoption agency (VAA). Most of the parents were

working. More women (n=14) were in work than men (n=10). The adoptive parents interviewed in Wales described financial pressures more often than did the parents who were interviewed in England (Selwyn *et al.*, 2015).

FAMILY COMPOSITION AT THE TIME OF THE RESEARCH INTERVIEW

The adoptive families were busy households. All but three households contained other children (Table 3.1). For clarification, we will at times refer to the child who was the focus of the interview as the ‘study child’ in order to differentiate them from the other children living in the households.

Table 3-1: Household composition of adoptive families at the time of interview (n=20)

	‘Left home’ families (n=10)	‘At home’ families (n=10)
One parent households	4	1
Two parent households	6	9
Birth children living at home	4	0
Adopted children living at home	3	10

THE DECISION TO ADOPT

Thirteen of the parents had wanted to adopt because of infertility issues, five for altruistic reasons, and two parents because they already knew the child. Many of the parents had a personal connection with the experience of adoption: two mothers had been adopted themselves and ten had a close family member who had adopted or was an adult adoptee. Three other parents had worked as foster carers.

ENQUIRING ABOUT ADOPTION

Not all the parents had been aware of the option to approach a voluntary adoption agency or a different Local Authority to the one where they lived. Several parents felt discouraged by the LA’s response to their initial enquiry. There were instances of LAs not responding at all or of stating they did not have enough staff to deal with enquiries or that they were only

interested in prospective adopters who were willing to take a sibling group. In contrast, all the parents who had approached a VAA spoke positively about their early experiences, often describing an enthusiastic and professional response. The following account by one adopter, illustrates clearly the difference in the attentiveness shown by an LA adoption agency and a VAA:

[The LA] sent me just an A4 piece of paper folded in half ... It said, "If we don't hear from you within two weeks we will presume that you don't want to go any further with this." I thought, this is a really big thing here that I'm considering. They are giving me a tiny bit of information and expecting me to make a decision within two weeks, so I didn't even get back to them ... I then approached [VAA] ... I went on their website. I thought this looks much better than the local authority information. They sent me out their pack and it was like a whole A4 booklet - pages and pages of information, and a form that I could fill in and send back if I wanted to speak to somebody. (Left home)

EARLY PREFERENCES

Parents were asked to think back to the time they applied to adopt and to the sort of child they had 'in mind'. Eleven parents had initially wanted to adopt more than one child and nine parents had wanted to adopt a single child. At the outset, two parents did not express a preference for age, ten parents specifically wanted an infant, three a pre-school child and four parents wanted a child of school age. Adoptive parents who were themselves older and/or had teenage birth children tended to prefer older children.

The majority of adopters (n=16) had firm early preferences for the types of behaviours or background history that they had felt unable to consider. Most commonly, adopters did not want to be matched with a child with severe learning or physical difficulties, a child who had been sexually abused or a child whose birth parents had a history of mental illness. One set of adopters specifically wanted a relinquished child because they did not want to feel that they had 'taken' somebody else's child. Reflecting on those early preferences, adoptive parents commented on how naïve they had been, particularly in their lack of understanding about the enduring impact of neglect on children's development and the belief that an infant adoption would be straightforward. As one mother explained:

There was the assumption that neglect was less of a problem than abuse. I was naïve when I thought that neglect was less complicated. (Left home)

PREPARATION AND ASSESSMENT

Nine parents had no previous experience of parenting prior to adopting the child. Yet, five parents said that they had never been offered any training or the opportunity to attend preparation group. Just two (both VAA approved adopters) of the twenty adoptive parents thought that they had been well prepared for the task ahead. In the main however, parents described limited, superficial training and preparation, particularly around matters such as pre-natal risks, the development of attachment, and the enduring impact of maltreatment. A couple of parents felt that the training had focused on adopting young children and lacked relevance for those wishing to adopt an older child. Similarly, no birth children or existing adopted children had received much social work preparation for the arrival of the child. Some adopters described how they had been expected to prepare their own children. Two birth children living at home had not been seen or spoken to by social workers before the arrival of the adopted children.

Adopters held mixed views about the assessment process. Some parents had enjoyed the home study; others tolerated it as a means to an end, whilst a few disliked it. During the approval process all but one of the 'At home' group of adopters reported reasonable or excellent social work support, as did half of the parents from the 'Left home' group. Adopters said:

I quite enjoyed the home study because I think you learn a lot about yourself. (At home)

I did look forward to the social worker coming because I knew that I was getting a step closer all the time, but also because actually we were bouncing our ideas off each other ... and sharing ideas and experiences. Actually, that was quite nice. (At home)

Those parents, who reported little or no support from their assessing social worker, usually described interpersonal difficulties and poor rapport. One mother said of the assessing social worker:

Her approach was matter of fact, and very formal, didn't put you at ease ... The sort of things that she wanted to know about were very searching, and sometimes aroused emotions - talking about my father's death and things like that ... tact and diplomacy were not one of her strong points. (Left home)

Another adopter, who described the social work assessment as "amateur" said:

She got our names wrong every time she visited ... she lost all our papers. (Left home)

It was noticeable that, compared with the English study on adoption disruption, the turn-over of adoption workers in Wales was much higher. Fourteen (70%) of the 20 adoptive parents in Wales had had at least one change of assessing social worker, yet the same was true for only 33% of adopters in England. Parents in Wales often described how social workers taking sick leave, resigning or changing posts had interrupted their home study and they had become frustrated at having to cover the same ground each time a new social worker was allocated. The lack of a consistent figure meant that parents did not always form a close and trusting relationship with assessing social workers. One mother explained how the events surrounding a change of social worker, left her questioning the competence of the agency. She stopped the assessment and moved to a VAA:

The social worker who was assigned to our home assessment left and a new one was assigned to us. Now, the outgoing one did not contact us and the new one didn't contact us. We chased it up ... and we just felt, if they can't cope with a simple administrative handover what emotional support would there be? (Left home)

LINKING AND MATCHING

Twelve adopters had been linked to other children, before being matched with the child/ren they went on to adopt (seven from the 'Left home' group and five from the 'At home' group). The failure of these links to proceed had a profound impact on several parents. Some adopters had themselves turned down the match, as they thought the child was not right for them. Nevertheless, it was usually an emotionally charged and difficult decision. One set of adopters described their dilemma in being offered a baby for adoption, on the condition that they moved out of the area. As much as they wanted to adopt the infant, they felt unable to proceed, as it would have meant moving away from family and friends.

More often however, social workers had made the decision that the match was not right. In some LAs, there was said to be a policy of always considering two sets of prospective adopters for each match. Consequently, there were always 'winners' and 'losers' in the process, and adopters suffered as a result. As one mother explained:

We were told we were being linked with a child from another LA ... we were incredibly excited. We were interviewed by two new social workers who wanted to see all over the house ... and they said, "You've done a very good Form F." ... It all sounded so encouraging ... and I was so excited. Then [social worker] rang and said, "Sorry you haven't been successful this time." It was like having another miscarriage or another failed IVF ... the whole process was very traumatic. (At home)

Most adopters waited less than a year to be matched, with about 40% matched within six months. Two adoptive parents waited more than two years. Some adopters thought that social workers had a child/ren in mind for them, even as they were going through the approval process. Other parents thought that once approved, the agency had sat back, making no contact for months. A lack of progress prompted some adopters to become proactive in their search for a child, usually by looking through 'Be My Parent' for a suitable match. Four adoptive parents selected the child they went on to adopt from 'Be My Parent', and two parents already knew the child, but the majority (n=14) were matched with their child/ren by social workers.

Five adopters did not see a photo or video of their child before they were matched, as this was a policy in their LA. Most adopters had been pleased that they had seen a photo and thought it was very important to have done so. However, some parents held the opposite view as one mother explained:

I'm thankful of their [LA] policy of not showing photographs, because you can fall in love with a photograph. These are decisions you have to make with your head. (At home)

Nine matches did not meet the adopters' initial preferences: five of the 'Left home' and four 'At home' families. The parents were often persuaded to take an older child or to take a sibling group. Some children's histories were presented in such a way that parents were

unsure whether or not their child had been exposed to certain adversities. For example, one couple who specifically asked not to be matched with a child who had been sexually abused said:

We were very misled by [LA] ... we were told that they did have some sexualised behaviour ... but it was normal - just children exploring. (At home)

Adoptive parents did not dwell on the proposed match but placed their trust in the ability of professionals to get it right. Even though the children's characteristics and circumstances did not always match their early preferences, after meeting the child, most parents thought that it was a good match and were happy to proceed. Parents said:

It was love at first sight for both of us [adopter and child] and was like that for a very long time. (Left home)

A father, who had initially wanted to adopt 'one baby as straightforward as possible' was nevertheless very satisfied with the match to pre-school aged siblings. He explained how, having met the children, he talked himself out of his early preferences:

I was starting to think, I don't get on with babies much anyway. This is a lot less messy. I got quite into the idea of them being five and six and playing with them in that context, rather than doing the nappies and all that. (At home)

Although most adopters were positive about the match, some parents were already aware that the child was showing some challenging behaviours or that they had been given very little information on which to base their decision. There was a belief, often reinforced by social workers, that once in stable placement the children's difficulties would subside. One mother explained:

I knew Jacob had been moved from place to place, but I just thought that with continuous love and care that he would understand that he wasn't going anywhere. (Left home)

Before describing the introductions, preparation, and transition of the children into their adoptive home, we will briefly describe the children and their early histories.

THE CHILDREN'S CHARACTERISTICS AND EARLY HISTORIES

The 20 children (ten boys and ten girls) who were the focus of this study were mainly children looked after by Welsh LAs, although four had been placed with an adoptive family in Wales by an English LA. Seven children had been placed as part of a sibling group. Compared with all children adopted in Wales¹, the children in this study were, on average, older when they first became looked after, older at placement and older at the time of the Adoption Order. The children in this sample were older at each of these key time points (Table 3.2), placing them at higher risk of disruption. The age profile of the Welsh children in the sample was very similar to that of the children in the English study of disruption.

Table 3-2: Average age of the 20 children at key points in their adoption history.

Age	LEFT HOME n=10	AT HOME n=10
At entry to care	Av. ² 3.4 yrs (range 0-5 yrs)	Av. 2.3 yrs (range 0-5 yrs)
At adoptive placement	Av. 5.0 yrs (range 1-8 yrs)	Av.3.9 yrs (range 1-12 yrs)
At the time of the Adoption Order	Av. 6.0 yrs (range 2-9 yrs)	Av. 6.1 yrs (range 1-12 yrs)
At the time of leaving home	Av. 14.1 yrs (range 6-17 yrs)	
At the time of the study	Av. 16.6 yrs (range 7-21 yrs)	Av.13.6 yrs (range 9-19 yrs)

CHILDREN'S FAMILY BACKGROUND

Many of the adoptive parents lacked a detailed knowledge of their child's birth family history. The information they did have was typical of the family backgrounds of children adopted from the UK care system. Birth mothers were described as having had unhappy or abusive childhoods - four had been in care themselves. Several birth mothers had had multiple pregnancies, with the first child born during their teenage years and all the children removed, either sequentially or together. Mothers were unable to care for their children because of multiple and complex difficulties, including drug and alcohol misuse, learning difficulties, mental health problems, and prison sentences.

¹ Our statistical analysis of adoption in Wales found that the average age at entry to care for children who went on to be adopted, was just 14 months, at adoptive placement 2.7 years, and on average 3.6 years at the time of the Adoption Orders (Wijedasa and Selwyn 2014).

² Average = mean

As reported in other studies, little was known about the birth fathers. Indeed two of the children whose adoptions disrupted did not know the identity of their father. Fathers, who were known, were often misusing drugs and alcohol, three were Schedule 1 offenders, and eight had spent time in prison, usually for crimes involving violence.

Adoptive parents also knew relatively little about the circumstances surrounding the child’s birth. Most did not know whether their child had been of low birth weight or premature. Two adopters knew that their child had needed medical intervention at birth because of the effects of their mother’s drug misuse during pregnancy. Not all the parents knew why the children had been removed from their parent’s care. One mother said:

We were never actually told. We assumed it was neglect. (Left home)

Coded language was sometimes used by social workers to describe events in the birth family, which confused adopters. One social worker was reported as saying, “If you had seen what I’d seen, you wouldn’t worry about whether or not adoption was right.” Lacking a coherent understanding about the reasons and circumstances surrounding entry into care, left some parents with feelings of guilt about non-consensual adoption.

Over the years, adopters had pieced together information on the children’s early history from various sources. Table 3.3 sets out what the parents knew about their child’s exposure to maltreatment whilst living in the birth family.

Table 3-3: Children's known history of maltreatment (n=20)

	LEFT HOME (N=10)	AT HOME (N=10)
	N	n
Neglect	9	9
Domestic violence	6	5
Emotional abuse	6	5
Sexual abuse	5	2
Physical abuse	3	2
Rejection	3	3
Sexual exploitation	0	1

Only three parents thought they had been given all the information they had needed. Sometimes information was missing because it was not known to professionals, but more often (and in the 'Left home' group in particular), parents thought that information had either been deliberately withheld or downplayed, or that poor communication had prevented information being passed over. For example, parents were not told about previous medical tests, the existence of siblings, types of abuse the child had suffered, the ethnicity of birth fathers, and the extreme jealousy shown in foster care between siblings about to be placed together. Some parents thought that social workers did not 'trust' them with the information until the Adoption Order was in place. Children were also moved into their adoptive families with out of date medical assessments (in one case more than two years out of date).

For most parents, information emerged years later, as they tried to make sense of their child's behaviour. Post adoption workers sometimes went back to the files and found information that the adopters had not known. There were instances of crucial information not emerging until after the disruption. Another mother had recently discovered that the LAC team had commissioned a learning disabilities assessment on her child whilst in foster care, but had not made the adoption team aware of the assessment or of the findings. She explained:

We know from the adoption disruption meeting that the [LAC] manager obviously knew that there was big issues [learning difficulties], but that was never communicated to me, and certainly wasn't communicated to my social worker or the adoption team in the Local Authority. Had they known that, they would never have matched him with me. ... They said that in the adoption disruption report. (Left home)

Parents also commented on their lack of awareness about the significance of the information that had been shared. For example, the potential impact of exposure to drugs and alcohol in utero, maltreatment and multiple moves in foster care. One adopter for example, in describing what she knew of the birth mother's situation, explained how she had believed initially that this would be immaterial to her child's development, again a belief sometimes reinforced by social workers:

Birth mother was in and out of care homes as a teenager. She ended up on drugs, alcohol, prostitution, criminal activity ... I think we were very naïve. I just thought, "Well, we got [child] from soon after birth, we can help break that cycle." [The social worker's] argument was that she was removed at birth and she won't have a chance to be damaged. We know now the damage was done in utero. (At home)

CHILDREN'S EXPERIENCES WHILST LOOKED AFTER

We knew from the statistical analyses of adoptions in England (Selwyn *et al.*, 2015) and in Wales (Wijedasa and Selwyn, 2014) that foster placement moves significantly increase the risk of adoption disruption. In addition, in England, we identified a statistical association between poor quality foster care, poorly managed introductions, and later disruption. Welsh adoptive parents were therefore asked specifically about these issues.

NUMBER OF PREVIOUS FOSTER PLACEMENTS

Before moving in with their adoptive family, the children had usually had one or two foster placements but seven children had had between three and eight foster placements. Two children had also experienced a failed adoptive placement. Children in the 'Left home' group had moved more often than those in the 'At home' group. It was something of a surprise to find that seven of the 20 children had also experienced at least one failed return to their birth family. Failed reunification attempts did not feature nearly so frequently in the accounts by parents in our English study of adoption disruption. Not only had children experienced a great deal of instability in their young lives, but also parents noted that the moves resulted in no adult really knowing the child at the time adoption was being planned.

QUALITY OF FOSTER CARE

Three of the parents from the 'Left home' group knew that their child had been maltreated whilst looked after. One child had been abandoned by the foster carers when they failed to collect the child from respite care. Another child had been physically chastised by a foster carer, and a third child was not protected from further maltreatment by birth family members. Two other parents in the 'At home' group suspected that abuse had occurred.

In addition, 13 parents expressed concerns about the quality of foster care and in particular, the lack of stimulation they observed within the foster home. As one mother said:

After school the children stayed in their bedrooms, they had a little television and videos ... they weren't allowed in the kitchen. When [foster carer] put food down, they just scrambled on top of the table and ate it with their hands ... she often ate separately from them. (At home)

Some adopters reported that their child had been treated differently to other children in the household, because foster carers lacked training, were caring for too many children or, occasionally, because the motivation for fostering seemed dubious. Parents said:

Because they had six children, there were very structured bedtimes ... our children had to go to bed an hour earlier than their birth children, so [foster carers] had an hour with their birth children on their own. Sophie used to go to bed at 5.30p.m and she was nearly five years old ... She used to eat her meals in a high chair because there were so many around the table ... she was left to eat on her own. (Left home)

[Foster carer] didn't try and put on a false front. She just said, "We do it for the money." ... She was a foster mother who didn't give cuddles because she didn't want to make the attachment but [child] was 4 years old and wanted cuddles ... He was fed, he was clothed, but emotionally, nothing, and he's still suffering from that now. (Left home)

Her 14-year-old son was the one who dealt with [child] a lot; put him to bed, because she had [babies] to look after. (Left home)

As with the study in England, adopters also reported a lack of emotional warmth by some foster carers. Parents described the following:

We had to shake hands [with child]. They'd actually told him you shouldn't hug ... he learnt a very sad lesson from them ... you try and hug him but it's like hugging a stone statue. (At home)

The foster carers were really lovely ... but I remember them saying to us, "We haven't looked after him like our own children because he's moving. We wanted to save him

for his adoptive family, so we haven't hugged him, kissed him, or cuddled him and paid him that sort of attention, because we wanted to save all that lovely stuff for you.” (Left home)

In hindsight, the adopter recognised that her child, who had gone straight to foster care from hospital, had suffered significant harm: emotional abuse from watching the other children in the family being treated differently and neglect, as his basic need for love and comfort had not been provided. Sadly, the foster carers believed they were doing the ‘right thing’.

Just seven parents had no concerns about the quality of care the child had received. They valued the opportunity to talk to the foster carer (prior to introductions) and the chance of filling in missing information. One mother explained why such contact had been so important:

It helped that we'd been able to speak his foster carer before meeting him. We'd talked on the phone ... It's such a huge thing when you're meeting your child and the foster carer at the same time, and it's scary. They don't know you. You don't know them. They're attached to this child and it's hard for them as well. I think it's so important to have some contact before. (At home)

PREPARATION OF THE CHILDREN FOR ADOPTION

We asked parents how well prepared they thought their child had been for the move to their adoptive home. Four children were very young at the time (under 2 years old), so their understanding of the situation and preparation was limited, and one child was already living in his adoptive home, as a fostered child. Of the remaining 15 children, just one child was described as being well prepared. Whilst in foster care, that child had been in regular contact with his social worker and through their work together, had developed an age appropriate understanding of permanence. He entered his adoptive home with a “brilliant” life story book, which he had been actively involved in creating.

Four parents described their child as somewhat prepared. Two parents in this group explained how events in their child’s life had impeded their preparedness for adoption: one child, having experienced a failed adoption was being prepared for his second ‘forever

family', whilst for another child, the life story work undertaken shortly before her adoptive placement, was overshadowed by her preoccupation with a revelation about her birth father. Her mother explained:

When they were freed for adoption and we were approved for adopting her, [social workers] decided then to tell her that the person she thought was her dad - wasn't her dad ... the timing was terrible. (Left home)

Half of all adopters (n=10) thought that their child was poorly prepared, even though in some cases preparatory work with the child had been attempted by social workers. Several parents felt that their child's lack of emotional engagement had hampered the opportunity for better preparation. One mother explained:

At the time she was a 'shut in' child ... She didn't really interact with people, and she didn't really let anybody know how much she understood. She had been primed and prepared, but I don't think any of us really knew at the time how much she understood. I know certainly the foster carers thought that she didn't understand it. (At home)

According to parents, four of the fifteen children had received no preparatory work by social workers or foster carers. In one such instance, a mother described the difficulties they faced on the day of the move:

The night before they were coming to live with us, apparently, Sian was crying and said she didn't realise adoption meant she would be leaving the foster carers for good. When we actually went to pick the girls up, to bring them back to live us, she went and hid in a wardrobe. (Left home)

Parents gave examples of children being confused about their histories and the events leading up to adoption because of half-truths or evasions. For example, one mother, whose child took a long time to settle in his adoptive home, described how the child's social worker had told him that his mother was unable to care for him because she was ill. In fact, it was the birth mother's chaotic and risky lifestyle that had led to his removal. The adopter explained:

We passed a breast clinic, one of the mobile ones ... David asked what it was for, and I said, "Ladies go there to make sure that they keep themselves well." ... He said, "My [birth] mum isn't very well, I think I need to go home, and I need to take care of her."
(Left home)

In helping their child prepare for the move to their adoptive home, several parents mentioned that they had put together a booklet about themselves for the foster carer to share with the child before the start of introductions. Sometimes parents had been asked by social workers to contribute in this way, but other parents had taken it upon themselves to create the book.

INTRODUCTIONS AND TRANSITIONS

We asked parents about the introductions to their child and the ease of the arrangements. Two families already knew the child and therefore there were no introductions. For the 18 stranger adoptive parents, introductions ranged from between 5 - 90 days, with most lasting 10-14 days. Parents recalled their own heightened emotional state at this time, describing a range of emotions, including excitement, uncertainty, trepidation, exhaustion, and disbelief. One mother said:

In many ways you go through [the introductions] in quite a dream state, because part of your dream is coming true, and yet you can't quite believe it ... The emotional exhaustion of it all is difficult. (Left home)

In comparison with England, very few arrangements had been agreed at a planning meeting organised by social workers. More often, adopters and foster carers were left to sort out the arrangements between themselves. One mother recalled:

It was pretty unstructured, sorted out by ourselves. The social worker spent about 20 minutes ... introducing us to the foster carers and [child]. We didn't see her again. ... There wasn't really a plan. (Left home)

Only two set of parents thought that the introductions had gone as well as could be expected. In both cases, parents described good, flexible planning and supportive foster carers. All the other parents described events that had hampered the introductions. Seven

adopters reported a particularly challenging set of introductions, with difficulties that could have been avoided, or at least mitigated, with proper planning, better support, and training for foster carers, and a greater social work presence. A lack of planning resulted in administrative oversights and poor communication by the placing authority. There were instances of the legal paperwork not being in order, and of poorly organised travel arrangements for adopters. One couple, having driven a considerable distance, arrived for the start of the introductions to find that the children were away on a short holiday.

In several instances, introductions were marred by conflict, which emerged between the adopters and foster carer. Parents described feeling intimidated, undermined, and judged. According to adoptive parents, some foster carers resented the way in which the introductions had disrupted their routine. There were also disputes, as to whose parenting decisions should be prioritised when both the adopters and foster carers were present. One mother described some of the difficulties they faced:

In the end we had to give up [caring for child in foster carer's home] because we would try to read to him in bed, and [foster carer] would say, "You don't want to do that, he'll want that every night." We're thinking, yes, absolutely, don't you want your child to expect to be read stories every night? (At home)

One of the most upsetting accounts of a difficult set of introductions involved three siblings, living together in foster care. When an adoptive placement could not be found for them as a group, it was decided that the two youngest should be placed for adoption, whilst the oldest child would be found a long-term foster placement. During the introductions to the two youngest children at the foster carer's house, the oldest child, aware that his siblings were meeting their prospective parents, would be sent to his room. This scenario deeply troubled the adopters, as they witnessed the oldest child's distress. It is hard to imagine that the two younger children were unaffected by the situation. The social worker was not present when parents visited the foster home.

SUPPORT FROM THE FOSTER CARER

Even though, in most instances, parents reported that the introductions had not gone smoothly, seven (39%) of the 18 adopters nevertheless described the foster carer as

supportive. Parents particularly appreciated being given background information about the child's family or care history by the carer. For example, one parent said of the foster carers:

They were brilliant ... they did a number of things that went over the odds in terms of staying in touch. They gave them a tree that we planted together ... they bought them loads of things. (At home)

SUPPORT FROM SOCIAL WORKERS DURING THE INTRODUCTIONS

We also asked parents about the support provided to them by their social worker during the introductions. Five parents gave a neutral response and five parents said they had felt well supported. One mother who had been particularly satisfied with the support provided by her social worker during the introductions said:

She rang every single night, and it was after hours every night as well. (At home)

However, eight adopters reported feeling unsupported by their social workers during the introductions. Some social workers were simply not around, but even those who were available, did not provide the support that parents wanted. Some parents thought that social workers, desperate for a 'happy ending' had engaged in wishful thinking, choosing to gloss over difficulties that emerged during the introductions. One parent said:

It was a bit more like what [social worker] wanted to happen rather than the reality of what she was dealing with. She said to us, "All they need is love." (At home)

A midway review of the introductions was rarely held. Those reviews that did take place were usually hosted with a view to speeding up the transition when it was thought that the child was making strong signals about wanting to move or foster carers were having difficulty letting the child go. One mother explained:

The reason they speeded up the whole process is that they realised the foster mother was grief stricken, as she wanted to adopt her. (At home)

SEPARATION AND LOSS

Parents described how the emotionally charged task of moving a child on for adoption challenged many foster carers, yet the lack of professional support provided to them at this

time was evident in many of the adopters' accounts. Little attention was afforded to the grief and loss felt by both children and their carers, as the foster placements ended. It appeared that, by focusing on the practical arrangements needed to get the children into their adoptive home, social workers failed to recognise the emotional needs of foster carers and children during the transition. Perhaps the grief and loss was recognised, but social workers found the distress too difficult to address. As was described by parents in England, children were attuned to and reacted to the distress shown by their carers. Notably, some children had not been given the psychological permission by their foster carers to move on. One mother described the effect of the foster carer's distress on the child:

[During the introductions] the foster carer said, "Well he was crying when he left in the car today, and he shouldn't have been crying." I said, "But you were crying when you handed him over to me." She was shaking and crying as she's handing him over to me to take him out for the afternoon, and then she's says he was upset and crying ... We felt that she needed some bereavement counselling, some loss counselling, she's been a foster carer for a very long time, but she wouldn't let go of him. (At home)

Another mother described her 10-month-old son as 'heartbroken' and 'full of grief' during the process of a swift separation from his foster carer. Social workers had thought that given his age, a brief set of introductions and a quick transition was in order. During the introductions, social workers had visited the adopter, whilst she was trying to care for and comfort the infant who was crying incessantly. They failed to acknowledge the impact of the separation from his foster carer, and his need to seek out an attachment figure when distressed. The adopter recalled what the social worker had said to her:

[Social worker said], "He's only playing up, he's being a nuisance, he's just trying to get his own way. Ignore him and when he stops crying you can pick him up." ... he cried and cried for 50 minutes and then stopped and I was allowed to pick him up. (At home)

The day of move to was particularly difficult for some children and foster carers. Again, the absence of a social work presence was highlighted. One parent recalled:

On the day they came to us, we went over and picked them up. Charlotte had locked herself in a wardrobe ... we had no support from Social Services. There was no one there. The foster carer was crying, and we were driving them away, or being seen to drag them away. The involvement of Social Services was appalling. We were just left to carry on. It wasn't a good start. (Left home)

Another mother described the way in which her children were completely unprepared for the sudden and dramatic way in which their adoptive placement commenced. For many months that followed, the children asked to be taken "home" to their foster carer or to "mummy" as they called her. The adopter explained:

We'd been to meet the children ... the next step was that the foster carer, the children, their teacher, and the social worker were going to come to Wales for the day ... [They arrived and] the social worker said, "The foster carer, she's in bed ... she's been crying for days. The children are distraught. We couldn't get the children out of the house. The only reason they came is, that I promised them that they would be coming back tonight, but we don't think those children should go back, we need them to stay with you now." We had nothing, they had the clothes that they were wearing, and they never went back, and we've had to live with that ... and of course, [the children] didn't trust us. It was horrific. (At home)

Reflecting on the wider matter of grief and loss in adoption, one mother said:

I'm sorry to say, I was acutely aware that mine wasn't one of these 'happy ever after' stories. I was aware of the grief of the foster mother and the grief of the birth mother, my grief over never having had my own child, and the trauma caused to my son in bringing him here. I was very acutely aware of all that. (At home)

PARENT'S OVERALL READINESS TO ADOPT

Although for many adopters the introductions had been bumpy, they were still excited about becoming an adoptive family. Most of the adopters were very pleased with the match and were keen to become an adoptive family. Three of the parents whose child later left home and one parent whose child lived at home, did have concerns, but they felt that there was

no time for reflection and were reassured by social workers and partners that having doubts was normal and that they should proceed.

SUMMARY

- Twenty adoptive parents took part in face-to-face interviews: ten of whom had experienced a disruption and ten parents who were finding parenting very challenging.
- Thirteen of the 20 parents had wanted to adopt because of infertility issues, five parents for altruistic reasons and two parents already knew the child.
- Most parents were unaware that they could choose which agency would assess them. Several parents received a poor response when they contacted their Local Authority. Although this sample of adopters persevered, it is likely that other potential adopters would not have continued. Six parents who had been assessed and approved by a VAA spoke warmly of their experience.
- Initially, parents were wary of accepting a match with a child who: had been sexually abused, had a parent with a mental illness, or were disabled. However, on reflection adopters commented that they had under-estimated the long term consequences of neglect and had not asked enough questions about this type of abuse.
- Five parents were not offered any preparation or training groups. None of the adopter's birth or adopted children were involved in the assessment. None of the birth children who were already living in the family were seen or spoken to by a social worker.
- Most (14) of the adoptive parents had experienced at least one change of social worker during the assessment and preparation period. Close trusting relationships had not developed between most of the parents and their assessing social worker.
- Twelve of the parents had been linked with other children before being matched with the child/ren they eventually adopted. The failures of these links to proceed left some parents feeling guilty or with a sense of loss.
- The majority of parents were matched with a child/ren by the social worker. Six matches were adopter led. Parents put their trust in professionals to get it right.
- The children in this study were on average older at entry to care, at placement and at the time of the order in comparison with most adopted children. The children's

older age put them at greater risk of disruption and of having challenging behaviours. Seven of the 20 children had been placed as part of a sibling group.

- Adopters (n=17) reported that they had not been fully informed of the child's early history. Lack of information was due to children having multiple moves and no-one really knowing the child, parents believing that social workers did not trust them with information, children's social workers withholding information from adoption workers and social workers constantly changing. A few children had medical information that was out of date at the time of placement.
- Thirteen adopters reported that the quality of foster care for their child had been poor. Children received little warmth and stimulation -and/or were treated differently than the foster carers' own children.
- Half of all the parents thought their child had been poorly prepared for adoption. Children had not understood the nature of adoption, had been confused about who was 'mummy' and 'daddy' and were misled about why they had left their birth families.
- Most adopters had not attended a meeting at which introductions were planned. Instead, the adopters and the foster carers were expected to sort out arrangements between themselves. Consequently, most introductions went badly leaving the adoptive parents feeling stressed and upset.
- Throughout the period before the children moved in, adoptive parents were often aware that all those most intimately involved were experiencing intense sadness and feelings of loss and grief. Foster carers did not seem to have been supported by social workers but left to manage in the best way they could, children's feelings were not taken into account and the view seemed to be that everything would settle down once the child was in placement.

CHAPTER 4 : FAMILY LIFE AND THE EMERGENCE OF DIFFICULTIES

In this chapter, we begin by setting out parents' descriptions of family life before the making of the Adoption Order. For many parents, difficulties emerged early on. We describe the behaviours that parents found difficult to manage and the support they received from social workers. Children's challenging behaviour did not diminish over time, but continued to test parents, with difficulties usually escalating during adolescence. For many families, violence shown by the child during adolescence became increasingly difficult to bear.

SETTLING INTO ADOPTIVE FAMILY LIFE

Most parents (n=16) stated that although the child's presence in the family had felt right from the beginning, they did have early concerns about children's behaviours. Pre-order, parents were concerned about children who resisted attempts to being parented and/or were indiscriminately affectionate. For example, one of the parents said:

He just took it that people come and go. We didn't have any relevance. [After three months in placement] my cousin asked him to tea. When he returned, he asked me to pack up his belongings and said that he wanted to go and live with her. But, he said, "You don't need to be upset because they will fetch you a new little boy." (Left home)

Parents described some children who were unable to accept comfort, regulate their emotions and prone to temper tantrums whilst other children were considered emotionally flat. Only two parents described behaviours to suggest that that their child was developing a secure attachment. There were also concerns by parents about the early difficulties they had faced in dealing with their child's physical aggression, stealing, food issues, lack of concentration and the tensions, jealousy, and violence between siblings. One mother, described her child as, 'very active ... never stopped' whilst in contrast, another mother described how her child, an infant, slept excessively. She said:

He slept a lot ... he would literally sleep standing up. ... If I was doing the school run, I could lift him out of his cot, take him down to the car, put him in his car seat, take him out the other side, put him in a buggy, wheel him to school, then do the whole thing in reverse and he wouldn't wake up. (At home)

As well as observations about the parenting challenges and the developing parent/child relationship, we asked parents whether anything else had particularly struck them about their child in the early days. Several parents were concerned and surprised about the extent of their child's developmental delay. As many as a quarter (n=5) of the children arrived in their adoptive home with significant speech and language difficulties. One mother explained:

He was five years old but he couldn't speak ... He knew the words he wanted to use, he just couldn't say them ... We hired a speech therapist privately to come round here to tell me what to do. I did the exercises and things with him, and within six months he was speaking perfectly normally. (Left home)

Furthermore, some parents said that they quickly became aware of the child's physical health problems, which had either been undiagnosed or left untreated whilst in foster care. For example, a parent explained:

Josie walked in a funny way. It was a very stiff walk. I thought it was just maybe because of the neglect, maybe she just hadn't learnt how to walk properly ... We took her to the doctor ... she has dysplasia, so the joints just aren't joined properly, they're actually rubbing. She will eventually have to have hip replacements ... 18 months she was in care, why wasn't the LAC medical picking this up? (At home)

In the English adoption disruption study, parents occasionally spoke about feeling unsettled in the early days by the child's unfamiliar odour. We knew that this was a difficult matter for parents to raise and therefore, parents were asked specifically about the odour of their child. Several parents said that their child had a distinctive smell about them, and one that differed to their other (birth and adopted) children. Parents questioned the link between odour and stress, or wondered whether individuals with similar genes had a shared scent. Most parents were unconcerned by the odour of their child, but for two adopters, the smell was particularly troubling. One of these mothers said:

It's taken me years of therapy to be able to admit this, and this will sound really weird, but she didn't smell right ... I have thought and thought about it ... I just wanted to understand what was wrong with me? Why I was even thinking that? How could she

not smell right? She was just a little girl, what has smell got to do with anything? It was really strange and worrying. (Left home)

EARLY SOCIAL WORK SUPPORT

We asked parents about the amount of support provided pre-order by their adoption social worker and the child's social worker. Most parents reported feeling 'abandoned' by professionals once the child had moved in, receiving no support at all from either social worker (Table 4-1).

Table 4-1: Parents' reports of the quality of support provided by social workers pre order

	No support	Some support	Good support
Adoption social worker (n=20)	12	5	3
Child's social worker (n=20)	15	4	1

Parents stated that they had wanted the opportunity to talk with professionals who understood the complexities and sensitivities of adoption. One father, reflecting on the early support needs of his family, said:

I think what we needed was the opportunity to have an understanding ear, someone who understood and could enable us, through the use of dialogue to make sense of and feel OK about things. (At home)

Adoptive parents also wanted social workers to help build their parenting confidence and address the, already evident, strained sibling dynamics. They wanted reassurance that timely, appropriate support would be available to the family when needed. Even in these very early days, a few families needed signposting to services such as CAMHS or other specialist services. Those parents, who had felt pressed into quickly securing an Adoption Order wished that they had been supported in a decision to proceed at a slower pace, with an opportunity to address their early concerns.

ADOPTION SOCIAL WORKERS

There were three accounts of excellent support provided by the adoption worker. One mother explained how much she had appreciated the opportunity to seek advice and

reassurance over the difficulties they were having in adjusting to adoptive family life. The adopter said of the (VAA) social worker:

She was always at the other end of a phone. ... She was very supportive. She was always there. (Left home)

However, in the main, adopters described feeling unsupported. Parents reported a high staff turnover in many LAs. Frequently, the original assessing social worker had left the agency by the time the child was placed or their assessment had been completed by an independent social worker whose role ended once the adopters' application had been approved. A few parents did not have an adoption social worker or the social worker did not visit once the child had been placed. One mother said:

We had no adoption social worker because she had left ... There was a lot of anti-social worker stuff going on in the country at the time and they were leaving in droves. (Left home)

Even parents who did have contact did not usually feel supported by their social worker. Parents said:

No [we were not supported] because she wasn't around much. She'd come for the LAC review meetings but other than that, we didn't get any contact. (Left home)

Another adopter, who faced huge challenges from the outset with a very troubled child, described feeling unsupported by her social worker, whom the parents considered to be inexperienced and out of her depth:

From that first day [of the adoption placement], I don't think our social worker really knew what to do. I think she was just as aghast as we were. She didn't have the experience to know what to do. I remember many times saying to [partner], "Oh my God! Why can't this person help us? We need help and this person doesn't know how to help us." (At home)

In a similar vein, the majority of parents reported that the child's social worker had not been a useful source of support (Table 4-1). In the main, parents described minimal social work contact, centred only on a cursory welfare check, with little interest shown in supporting the relationships in the newly formed adoptive family. A few parents recalled no contact at all. One adopter said:

It was about nine months [between the adoption placement and order]. Nobody ever came to see us at all. We met [child's social worker] in the foyer ... at the adoption hearing. (Left home)

Before the Adoption Order was made, several parents reported raising serious concerns with the child's social worker about the difficulties they were facing such as developmental delay, attachment difficulties, and intense sibling conflict. Four parents thought their concerns had been brushed aside and that the social work agenda had been to secure the Adoption Order as quickly as possible. Two parents reported veiled threats to remove the child, and felt bullied into pressing ahead with legalising the adoption.

Adopters made a number of interesting observations about their social workers, including the stress that social workers appeared to be under and their relative inexperience in adoption matters. Some parents mentioned the complications that had arisen because of, what they considered to be, social workers' conflicting loyalties in situations where they were still working with the birth family. One mother, for example, said:

There was one social worker involved with the family and Reece. ... She came here a couple of times, when we had the LAC review meetings ... she was very nice, very bubbly, but we didn't feel she supported him. ... The social worker involved with Reece was more involved with the [birth] family, and I think that's where her support lay, rather than with us as a family. (At home)

Another adopter described feeling confused and guilty for a long time after her daughter was placed for adoption, because the child's social worker, enmeshed in the birth mother's situation, did not openly support the adoption decision. Just one of the 20 families thought that they had received good support from the child's social worker.

We asked parents when serious difficulties began in family life. Thirteen of the 20 parents reported early difficulties - often surfacing soon after the adoptive placement had been made. Two parents described difficulties first emerging when their child was aged 9 years old (between 4 and 5 years after placement), whilst five parents described the onset and rapid escalation of difficulties as their child entered puberty. In essence, two main patterns emerged: 1] early onset, with escalation during puberty and 2] onset during puberty, with rapid escalation. These two main patterns were also found in our study of adoption disruption in England.

We asked those adopters who had experienced early challenging behaviour from their pre-school child about the nature of those difficulties. Parents described aggressive, hyperactive, and impulsive behaviours, as well as difficulties in sleep, food, toileting habits and regressive behaviour. Adopters said:

[Child aged 2] We started seeing these episodes where he was just manic really ... hyperactive, just leaping around the place. Some aggression, lashing out and things like that. (At home)

[Child aged 3] He was starting to get quite violent. Above the normal toddler violence. And the way he ate, food, he was obsessed with it, he just didn't ever seem to be full. He wet the bed and he soiled which wasn't an issue [at the time], we dealt with it, but he went on doing both those things until he was 14. (Left home)

The early challenging behaviours did not disappear, with parents describing an escalation of difficulties during middle childhood and into adolescence. Adopters described controlling and manipulative behaviours shown by children, who seemed compelled to create tension and conflict within the family. Parents also described children who pushed boundaries, were defiant, showed sexualised behaviours, lied and stole (usually from within the home). There were reports of children playing one parent off against the other, or creating instability by splitting parents (reacting to one parent in a negative and hostile manner, whilst treating the other as virtuous). Some children were described as superficially charming to other adults, but hateful towards their parent/s. Usually adoptive mothers bore the brunt of

children's behaviours. For some children, the violence spilled outside the home - often into school. The following account illustrates some of the challenges parents faced during middle childhood:

[Child aged 8] *I felt as if I was parenting two different families. A lot of the time I would keep Emily very much with me, because she would be interfering and upsetting Louis [birth child]. She would be fingers into things that weren't hers, which caused a lot of problems. An awful lot of manipulation of Louis went on and at one stage, she had this idea that he could move out and her birth siblings could move in. I had to quickly say, "No that's not going to happen."* (Left home)

Parents were also aware of children's low self-esteem and their difficulties in accepting praise. As one adopter said:

[Child aged 10] *The one time she was given a praise certificate in assembly, I collected her from school and she was just really off-hand and unhappy coming home. ... She got back here and she went to her bedroom and she howled almost like an animal ... The fact that they were saying she was so good at something just shook her. ... She saw herself as someone bad, and she just couldn't handle it.* (Left home)

A smaller number of children (5) had a relatively calm childhood, with a sudden onset of challenging behaviours at the time of puberty. One father explained:

The violence started when she was 14. Everything started at 14, you wouldn't believe it, but it did. It was like somebody turned a switch. A month before her 14th birthday, you couldn't have had a sweeter child. (Left home)

Challenging behaviour that began in adolescence rapidly increased in severity and frequency. However, adolescence was also a particularly difficult period for those families already struggling.

TRANSITION FROM PRIMARY TO SECONDARY SCHOOL

Sixteen of the 20 children were of an age to have made the transition from primary to secondary school. For most (n=10), this had been particularly a challenging time. Children

did not cope well with the larger, more impersonal nature of secondary school, where expectations for personal responsibility were greater. Parents explained:

[On starting secondary school] he would get upset at the end of a lesson knowing that he'd got to move, and so he would need support. Because he was upset he wouldn't be able to hear what was going on in the first half of the lesson, so then he wouldn't take it in. (At home)

The move from primary to secondary school was when it all went wrong. That was when the nightmare started. It was from a small school to a very large school, and he hated it from the word go really. He was a school phobic. He just wouldn't go in. (Left home)

Even subtle changes in the school routine such as moving between lessons or having a supply teacher were unsettling for some children. Changes in the school routine were often considered by parents to trigger challenging behaviour.

ADOLESCENCE

Parents described how, during adolescence, children became increasingly defiant - refusing to accept parental authority and the boundaries that parents tried to set. Young people began spending more time out of the house with their whereabouts often unknown. Twelve of the children had run away from home on at least one occasion. Some young people withdrew from family life by refusing to eat with their family and isolating themselves in their bedroom. Nearly all parents reported that their teenager had difficulty making and keeping friends or were drawn to peers who also had troubled lives. Eleven of the 20 young people had been involved in petty crime.

Adopters also reported young people's high levels of anxiety and growing realisation that their early lives had been very different from that of their friends. Some young people worried that their thought processes and behaviour was not like that of their peers. One parent explained:

He has a terribly low self-esteem ... the real Gavin is really sad, low, desperate. I think being Gavin must be a bit like hanging onto a cliff ... He told me the other day that he

was worried because he felt he could hit anyone and it wouldn't bother him. He thought he could kill the dog, or kill animals and feel nothing. He said sometimes he can't stop moving, "If I wake up in the night I can't stop moving, I'm always moving." (At home).

Table 4-1 shows the type of behaviours and number of children with challenging behaviours, as reported by their parents.

Table 4-2: Adopters' reports of the challenging behaviours shown by their child or adolescent

Challenging behaviours	Number of children (n=20)
Oppositional behaviour / defiance	20
Friendship difficulties	19
Verbal aggression	17
Behavioural difficulties in school	17
Physical aggression	17
Destroys property / possessions	16
Sabotages events	16
Anxiety	14
Runs away	12
Actual or threatened self-harm	10
Petty crime	11
Low mood	7
Sexualised behaviour (age inappropriate)	6
Drug misuse	5
Serious crime	4
Alcohol misuse	3

CHILD TO PARENT VIOLENCE AND ADOLESCENT TO PARENT VIOLENCE

Our study of adoption disruption in England exposed the prevalence of child to parent violence (CPV) and adolescent to parent violence (APV) within the sample of families interviewed. CPV/APV is not simply about the physical violence shown by a child towards a parent. It encompasses a wide range of behaviours intended to dominate and control. Parents feel threatened and intimidated by their child, and believe that they must adjust their own behaviour to accommodate the threats or anticipation of violence (Paterson *et al.*, 2002).

During the interviews with adoptive parents living in Wales, we read out a definition of CPV/APV and asked them whether this was, or had been a feature of adoptive family life. All

the parents whose child had left home and seven of the ten parents whose child still lived at home, reported that they had been exposed to CPV/APV. As will become evident in the chapter that follows, the violence shown by children was a key factor in the majority of the adoption disruptions.

Most frequently, parents said that their child was 13 years old when the APV began. There were reports of children showing violence at a younger age, but it was during adolescence, when children became taller and physically stronger, that the violent behaviour became more threatening, frightening, and intimidating. The violence was directed primarily at mothers (n=16), but it was also shown towards fathers/partners (n=6), siblings (n=6), and pets (n=2). Four children had also been violent towards their adoptive maternal grandmothers. Girls (n=8) and boys (n=9) were just as likely to be using APV, but boys were more frequently using weapons, especially knives. Four parents said that as a means of exerting power and control, their teenage child had also made false allegations of abuse against members of the adoptive family or had fabricated stories about themselves. The following extracts, taken from interviews with different parents, highlight the extent of the violence and the fear felt by parents:

He liked to invade your personal space, get up really close and intimidate ... He would grab me round the throat. I was really quite scared, because when he does 'lose it' he isn't in command of himself. I didn't know if he was going to stop or not. (Left home)

There were occasions when we called the police. The first time when he spat at me and wanted money. He said that he would kill me if he didn't have it. (Left home)

*She would stand outside in the street with sticks, banging on the windows, shouting all over the street, "Let me in you f*** bitch" and I wasn't stopping her from coming in ... I would never have been surprised if she had stabbed me in my sleep. ... I would have to back down on things for fear that she would trash the house and break everything. (Left home)*

Then he started turning on my husband at the age of 15 ... It was physical violence and intimidation, verbally aggressive as well ... my husband's been in the corner of the kitchen on the floor, trapped, crying, physically crying, he's so scared. (Left home)

She was shouting at us, she was violent to us, she was verbally aggressive ... she punched me in the arm and grinned, knowing that I wouldn't hit her back. She did say that I was frightened of her and she could do what she liked. (Left home)

She has assaulted me quite frequently if she doesn't get her own way ... She even took a cricket bat to me, and [husband] was watching from the house because he didn't quite know how to deal with it. She's made false allegations against husband as well, so he was in a situation where he was trying to keep his distance. (At home)

Since he's been in secondary school, the violence has escalated to the point where I'm scared. ... If he goes to school in the morning and he's angry, as much as I love him, I dread him coming home ... It's got to the point where I've said to [husband] that he's not to go out down the gym [and leave me alone with child]. (At home)

THE CHALLENGES OF PARENTING SIBLINGS

Sixteen of the 20 children were living with, or had lived with, a least one other child in their adoptive home. There were several ways in which sibling groups had been created: seven children had been placed as part of a sibling group, six children had joined a family with at least one other child (unrelated by birth) already living in the household, and three children had been the only child living in the household before their parents chose to adopt again. Five families comprised both birth and adopted children. Five parents thought that sibling relationships had been poorly assessed pre-placement and that the children's needs would have been better met by being placed separately from a birth sibling, or by being placed in a family without existing children. One parent described how the intensity of the relationship his children had with each another had prevented them from moving on and forming a secure attachment to their adoptive parents:

They had this invisible umbilical cord. They are attached to each other and that, perhaps, reinforces narratives from the past. If they weren't with each other, they could have negotiated new narratives for the future. The intensity of the attachment that they have to each other, in some ways has masked the opportunity for us to create attachments with them separately. (At home)

Adopters talked at length about the complex challenges they had faced in meeting the needs of each child and in managing unhealthy sibling dynamics, such as sexualised or controlling behaviours and violence, which had evolved from a shared traumatic past. This was described by some parents as a 'trauma bond.' One mother explained:

I think the thing that worries me most is that there's something not very nice that they play act out. I think it's to do with mirroring their birth parents, something quite nasty going on there, to do with violence. When they were little, I was shocked at the way they would do play violence ... She would pretend to whip him or hit him, and he would shout, "Oh, no!" (At home)

For many parents, difficult sibling relationships had permeated adoptive family life and in six of the ten families whose child had moved out of home, difficult sibling dynamics were a notable factor in the adoption disruption. Three of the 'At home' families were also beset by intense sibling discord. Nevertheless, most parents believed that despite the strained and sometimes harmful behaviours shown between their children, the sibling relationship remained hugely important to the majority of the young people in the study.

Parents were frustrated by the apparent indifference shown by social workers about the challenges they were facing, and by their refusal to provide help and support for siblings. As we will see in the accounts that follow, parents became increasingly concerned about the violence shown between siblings in the adoptive home.

Six children had been or were using violence to threaten and intimidate a sibling. In more families, aggression between siblings had concerned parents, as had intense jealousy and rivalry. Most parents identified the study child as the instigator of the aggression. Two parents reported that the child had a hatred of a sibling. These mothers explained:

It's just constant. He puts his sister down all the time. She isn't allowed to have an opinion. It's not normal sibling rivalry. He is never positive or supportive. Jealousy is a feature. He really does not like her at all. I think if she was to disappear he'd be quite happy, and he can't get past it. He cannot accept her. That's been a feature from the beginning. (At home)

There has always been a deep rooted issue and hatred towards John [brother] ... anything that goes wrong in his life is John's fault ... He planned to kill John. He told us and the social worker how he's going to stab him one night while we're all asleep ... this wasn't in temper, this was in cold blood. (Left home)

Parents also worried about the emotional harm that siblings endured. There were concerns for the welfare of other adopted children (usually younger than the study child) and birth children (usually older than the study child). Two mothers explained:

I always worried that I needed to protect Oscar [birth child] from Jessica [adopted child] ... even though he's older. ... He can't stand the way she treats or talks to me, so I wouldn't want him to know all of those sorts of things, or hear. ... If there was going to be a row, I would always back down if he was in the house, because I wouldn't want him to be exposed to it. (Left home)

Lucy had this need to create upset in the home. It was like she was upset, and she needed me, her dad and Joe [adopted brother, aged 7] to be in that same place ... Joe's behaviour was escalating, and we didn't know why. He was saying things to us, "You hate me. You don't like me!" We didn't understand, I asked Lucy. ... She stood in front of me and she said, "Is it the fact that I've told him that nobody likes him and nobody wants him here?" (Left home)

In the next chapter, we focus on the ten families who experienced an adoption disruption. We will see how the violence shown by the young person to others in the adoptive family, contributed significantly to their premature move out of home.

SUMMARY

- Most parents (n=16) experienced challenging behaviour from the start of the adoptive placement. Parents were particularly concerned about difficulties in the child/parent relationship and jealousy and aggression between siblings. Twenty percent of children did not show challenging behaviour until adolescence.
- Five children moved in with their adoptive family with significant speech and language delays that were quickly remedied by the adoptive parents obtaining the

right service. Parents were surprised by children's developmental delay and physical health conditions that had either not been identified or not treated in foster care.

- The majority of parents stated that they had felt unsupported by the adoption and child's social worker. They described feeling abandoned once the child was placed. Some received no social work visits whilst other parents were visited but by workers who seemed to have had little knowledge of adoption or expertise in supporting parents managing challenging behaviour.
- Sixteen of the 20 children were living in families where there were other children. Sibling relationships were fraught in nine families and violence was being used by the study child against a sibling in six families. Violence towards a sibling was also of concern to parents, as was the potential for the sibling to be emotionally harmed through witnessing their parent being attacked. Parents recognised that for most of the children, despite the difficulties, sibling relationships were important to the child.
- Adolescent to parent violence had occurred in all the families who had experienced a disruption and was occurring in seven of the ten families whose child was still living at home.

CHAPTER 5 : ADOPTION DISRUPTION AND BEYOND

In the previous chapter, we outlined the range of escalating difficulties shown by the children whilst living in their adoptive families. We saw that most of the 20 families were struggling, even whilst the children were young. In this chapter, we focus on the ten families who experienced an adoption disruption. We consider the events and circumstances leading up to the child's moves out of home and the social work support sought and provided at this time. We report on the management of the move itself, and the welfare and progress of the children and their families post disruption.

Most of the ten children had been late placed for adoption (average age 5 years old). At the time of the disruption, the children's mean age was 14 years old (range 6-17 years). All but one child had lived in their adoptive home for more than seven years. All the families (n=5) who reported the late onset of difficulties (aged 11+) experienced an adoption disruption, as did all those children living in a family with birth children (n=5).

THE DISRUPTION

The majority of parents (n=6) stated that CPV/APV and/or child to sibling violence was the main reason that the adoption had disrupted. Parents reported both physical and psychological abuse and described feeling intimidated, unsafe, and frightened.

In three instances, young people's refusal to accept boundaries and running away led to the young people leaving home. One young person had told her parents that she felt imprisoned by family life. Another adoption disruption was triggered by the escalating destructive and chaotic behaviours, associated with a child's severe learning difficulties.

In the months leading up the move out of home, parents described children who were defiant and out of parental control. Five children were disappearing from home, and five were regularly using drugs, alcohol, or both. Most children still in compulsory education were having significant difficulties in school – they were disruptive and aggressive in class, were truanting or had been expelled. Four boys were or had been involved with the probation services.

In most instances, social workers were aware of the mounting difficulties faced by the adoptive families in the weeks and months preceding the adoption disruption. A detailed account of the contact the families had with professionals is set out in the next chapter.

THE MOVE OUT OF HOME

Even though most families had been in difficulty for some time, the move out of home usually came about swiftly. Six parents described a specific incident, commonly in the form of a violent outburst by the child, which triggered the disruption. One father for example, said that the situation came to a head on the day his daughter, with a history of physical aggression and running away, stood outside the house, shouting obscenities and accusing her adoptive parents of child abuse. Another mother said that a violent assault on her husband by the young person had prompted his arrest and permanent removal from home. A third parent said she knew that she could no longer parent her daughter at home, when the child made a second, false allegation of abuse. The adoptive parent explained:

She said, "I've been visited by the police today." I said, "What for?" She said, "I told them you thumped me," and she was laughing. I phoned Social Services up and said, "That's it now, I'm sorry, she can't come home, it's not just me, it's my job, it's my son. ... I am giving up now because I am not safe and my son is not safe. She can't come home again.

Seven children needed to be placed away from home immediately, and as such, there was little opportunity to plan the move. Three parents described how, in desperation and exhaustion, they had contacted the LA to say that, with immediate effect, their child could not return home. One mother explained:

We knew Social Services were not going to be any help. ... They said to us, "There's no foster care for 16 year olds." I hadn't slept for about three weeks and ended up going to the doctors, I was in such a state. My husband phoned up the school to check [child] was there. Then he phoned Social Services and said, "We need him collected from school because he can't come back here." ... By that evening, they had him in foster care. It was almost as if we had to take that risk that there would be something there, because social workers wouldn't volunteer the help.

Two children moved into a placement via police custody. In fact, the police were involved with eight of the ten families in the days leading up to the adoption disruption and/ or on the day of the move itself. Police had responded to complaints of assaults and anti-social behaviour by the child, reports that the child had gone missing and in two instances, the young person had contacted the police to say that they had been assaulted by a parent. Most parents spoke positively about the assistance shown by police officers at this time. One mother commented:

The police have been absolutely superb. They have been like our social workers to be honest. They have been brilliant with us and they've been really tolerant of him, because he has been absolutely out of order. (Left home)

There were instances of police officers helping families to access the necessary social work response, when, according to parents, their own attempts to do so had failed. One mother for example, whose son was out of parental control and running away, described how the police took the child to the police station and contacted social workers themselves.

Seven children went straight from their adoptive home to foster care, two moved in with extended adoptive family and one child entered residential care. Social workers took six children to their placement; the police escorted two and a parent drove one child to the foster placement. One other child walked unaccompanied to her grandmothers. All the children became looked after on or soon after moving out of home.

In three families, the decision for the child to become looked after had been made at least a few days before it happened, which should have allowed an opportunity for a planned move. However, in all cases, events hindered a smooth transition. One child did not have the chance to meet his foster carers ahead of the move. Another child's planned phased transition to foster care did not occur when social worker reneged on what had been agreed. A third child ran away on the day social workers arrived at the house to escort him to his placement- just as his adoptive parents had predicted and had warned social workers. Two of these children did not have an opportunity to say goodbye to their siblings, when in the event, the move out of home happened more swiftly than parents had anticipated.

Initially, five of the ten parents had thought that the child's move out of home would be a temporary arrangement, whilst tensions subsided and the necessary support was put in place to help address the family's difficulties. Two parents said that they knew that the move was permanent, whilst three other just did not know whether their child would be returning home.

THE REACTION OF FAMILY MEMBERS

We asked parents about their immediate reaction to the child's move out of home. Parents' responses were mixed - whilst half (n=5) described their main emotion as that of relief, the other five parents reported feeling devastated by the event. For example, parents said:

Absolute relief ... there were many times that I was devastated at the thought of her going ... but [when it happened] it was just such a relief that someone else was taking over.

When he left ... I just couldn't get myself together. I couldn't do anything, couldn't stop crying.

We also asked parents how they thought their child had felt on moving out of home. Five of the ten children were described as being: distressed, angry, confused, and scared, let down or betrayed. The children were also thought to have felt shocked by the disruption, as they had assumed that parents did not have the power to initiate the move out of home. One mother in reflecting on her son's reaction to the move said:

Shocked, and probably distressed ... he didn't think that we would ever do it, or that we had the power to do it. He had said, if he moved out that would be his choice.

Half of the parents reported that the move out of home did not seem to have had any discernible adverse effect on their child. Parents described children who appeared to take events 'in their stride' or who 'just went with the flow'. The apparent ease with which some children left their families perhaps highlights the fragile relationships and insecure attachments shown by the children, and their poor sense of belonging within their adoptive families. In one such instance, a mother, described her 12-year-old son's reaction to his move out of home:

He was looking forward to going and I know that - the fact he packed his bag [showed a desire to leave] - with Gareth, he doesn't pretend... When he got to the foster carers, the social worker introduced him and straight away he said, "Is this my new mum and dad now?" ... The social worker told me that he was absolutely fine.

We also asked parents how they thought other children in the household had reacted to the child's move out of home. Most birth children were described as relieved. Parents thought children had been worn down by the tensions in family life and some had been particularly worried about their parents' health. Other adopted children in the family were also described as relieved, but also thought to be upset and unsettled by their sibling's move out of home.

PLACEMENTS POST DISRUPTION

At the time of the research interview, seven adoptions had disrupted within the previous two years, whilst three disruptions had occurred between 4 and 6 years earlier. Only three children had remained in their original placement (all were relatively recent disruptions). Five children had moved between one and four times, whilst two young people had moved more than 10 times (one of whom had left home less than two years previously). Most often, the moves came about due to the difficulties adults faced in managing children's challenging behaviour and in keeping them safe.

At the time of the interview, three young people were in residential care and three were in foster care. One young person had been moved to semi-independent living after the foster carers could no longer cope with her behaviour, another was in a flat being supported by the leaving care team, and two young people were living independently with a partner.

VULNERABILITY OF YOUNG PEOPLE

We knew from the adoption disruption study in England that some parents had been particularly worried about the vulnerability and safety of their child after moving out of home. We asked all the parents in Wales whether they had harboured similar concerns. Six of the ten parents did have worries; five of whom either knew or suspected that their child had been exploited or abused since the adoption disruption. Two young people had been

seriously physically assaulted and three were thought, or known to have been sexually exploited. Parents described their teenager as being drawn to individuals with chaotic and/or violent histories, or to those who were similarly vulnerable. One young woman, for example, lived briefly with an older man, known to pose a risk to children, before moving in with a partner with a history of violent crime. Whilst in care, there were accounts of children running away from placements, sometimes going missing for lengthy periods and in one case of being allowed to live with an older 'boyfriend' when under the age of 16.

Parents were worried too about the influence of other residents in certain placements. One mother, whose daughter had already lived in sheltered housing and a series of unsuitable bed and breakfasts, explained her concerns:

[Daughter] then went into a homeless hostel with all the down and outs ... I did have to contact our Assembly Member, and she eventually got moved into more sheltered housing. She blew that ... staff felt that she couldn't keep herself safe ... The support worker said to me before it blew up, "She shouldn't be here, there are prolific drug users and offenders here. She needs a huge amount of support."

Interestingly two parents, who were worried about their child, observed that their child was also likely to pose a threat to other vulnerable young people.

PARENTAL INVOLVEMENT IN DECISIONS ABOUT THEIR CHILD'S CARE POST DISRUPTION

Nine of the ten adoptive parents stated that they had wanted to remain involved in decisions about their child's life. Although the young people were accommodated under a voluntary care arrangement (Section 20), five parents said that they had not been kept informed about their child's care. One father explained how social workers had refused initially to tell him where his daughter had been placed - he thought, perhaps to punish him. Another mother reported a dismissive attitude towards her by social workers, as soon as it became apparent that her daughter was to be accommodated. The police had picked up the child, who had gone missing. As the mother arrived at the police station, social workers met her in the car park and asked her to sign the papers on the bonnet of the car. According to the mother, the social worker had no interest in understanding, from a parent's perspective, what had contributed to the crises in adoptive family life.

Typically, those parents who felt excluded by the LA, thought that social work decisions had not been informed by a comprehensive assessment, but had relied only on the child's accounts and preferences. One mother explained:

Social workers have made judgements on us about being over-protective, even though they haven't sat down and talked to us to understand anything. They have said that they don't have time to speak to us ... We have parented him really well. I'm sure we've made mistakes, but we've done our best and we've loved him for nine years. They barely know this child, and yet, whatever he says social workers believe as gospel. They won't even bother coming and talking to us.

Even when updates were provided, they were not always shared in a timely manner. One father explained:

We were told we should have a weekly report, but we never did. We would get the reports in clumps, which were about six/eight weeks old. Then we would find disturbing things in there. It would be too late to do anything, and if we did voice anything, it wasn't listened to.

Just one set of adopters stated that they had felt completely involved in decision-making. They described a good relationship with their child's social worker and with staff at the residential unit. However, the parents recognised that their proactive effort to remain involved in decisions about the care of their child was considered by the staff as somewhat unusual.

A disruption meeting was held for only one child, which according to the adopter was productive. Ironically, another set of adopters said that a disruption meeting had taken place to discuss the breakdown of a foster placement, which had occurred six weeks after the child had left their adoptive home, yet a meeting had not been called following the adoption disruption.

CURRENT PLANS FOR THE CHILDREN / YOUNG PEOPLE

We asked parents about the current plans for their child. Most often, the plan was to continue with, or move to independent or supported living (n=6). The two youngest children

in the study were expected to remain in foster care, whilst the living arrangements planned for a 13-year boy were unknown. One mother said that the social work plan was for her child to return home, but that she had not been consulted, as to how this might be facilitated. Furthermore, she described how a documentation error had caused unnecessary anxiety in her child. She explained:

The LAC review forms say that the plan is for her to return to birth family. I'm sure that's just an oversight on their part, but Daisy has contacted me about that, asking me whether she has to go back to her birth family when she's 18.

Parents were asked about current parent/child relationships and asked how they compared with relationships at the time of the disruption. There was a mixed response. Two parents said that a comparison was not possible, as without the day-to-day responsibility for the care of their child, their relationship was very different. One mother explained:

If Rob comes round and starts shouting, or being abusive, I tell him to leave. I don't have to live with it anymore, which makes it easier. The people at [residential unit] are living with it ... I just get to spend a day with him, which is better.

Three parents said that the relationship with their child had improved and that there was now much less conflict. In two of these instances, the young people were living independently and, compared to the other young people in the study, had left their adoptive homes in the most distant past. The study of adoption disruption in England found that after an adoption disruption, relationships between parents and their children tended to improve with the passage of time. Three parents reported that the relationship with their child had deteriorated, and at the time of the research interview, they had very little contact with their child. Two other parents said that the relationship with their child remained difficult, having not changed since the move out of home.

THE SUPPORT PROVIDED TO ADOPTIVE FAMILIES POST DISRUPTION

We asked parents about the support provided to their family following the disruption. Three parents reported some support, which in two instances had been provided by the voluntary sector. In one family, both the parent and the child's sibling had received counselling from voluntary agencies. Another mother described how the VAA had funded online peer support

provided by Adoption UK, to help her cope with the aftermath of her son's return to foster care. She said of the service:

It's not officially counselling, but [peer mentor] had got an adopted child herself and you can tell. Sometimes you begin saying stuff ... and you just know that she understands what you're saying. That's been good, and that's been paid for by the VAA since [child] moved out.

Another mother described compassionate support shown to her by an individual social worker from the LA adoption team; although the LA did not officially offer post disruption support. The mother said:

There's been no formal approach to help us deal with the situation. We've been offered no counselling ... there is no acknowledgement that actually, as parents we might need help here as well. ... When I went to my GP the first question my doctor asked me was, "Has Social Services offered you counselling?" I said, "No" and she was like, "Well they should, but probably haven't got the resources for it".

All the other parents said that since the disruption, local authority social workers had not considered the needs of anyone in the family other than those of the child who had left. According to parents, social workers did not want to consider the support needed by the family to help broker a return home, but instead rushed headlong into supporting the child, with an assumption that they would remain in care. One mother, who had assumed originally, that her son's move out of home would be temporary, described her experience of social work contact since the disruption:

Social Services have got in touch if they need more clothes for Jake and that sort of thing. It was very much Jake was their priority, and sod the rest of us. I think social workers have made things worse rather than better. I'd actually go that far.

Parents were particularly worried that following the child's move out of home, the support needs of other children in the family had been overlooked - some of whom were themselves adopted. In two instances, the adoption disruption seemed to set into motion a chain of events, which led to a second adopted child moving out of home prematurely. As was found in the study of adoption disruption in England, the lure of material goods and other

opportunities offered to the child whilst in care, seemed enough of an incentive for a sibling to want to leave their adoptive home too. In one such instance, a child was aware that, since becoming 'looked after' his older sister had been taken on holiday and had been given a mobile phone and contract - benefits which the adoptive parents said they simply could not afford. The younger child, without warning, ran away from home and when found, told professionals that he did not feel safe living with his adoptive parents. He was taken into care and was pleased to announce that he had managed to move out of home at a younger age than his sister had.

SUMMARY

- Most of the ten disruptions occurred in families with a child late placed for adoption (average age 5 years old). At the time of the disruption, the children's mean age was 14 years old (range 6-17 years). All but one child had lived in their adoptive home for more than seven years.
- All those families (n=5) who reported late onset of behavioural difficulties (aged 11+), went on to experience an adoption disruption, as did all those children living in a family with birth children (n=5).
- Child to parent violence (CPV) or adolescent to parent violence (APV) occurred in all 10 families who experienced an adoption disruption.
- In the months leading up the move out of home, parents described children who were out of parental control. Most children still in compulsory education were having significant difficulties in school. Four boys had been involved with the probation services.
- In most instances, social workers were aware of the mounting difficulties faced by the adoptive families. The police were involved with 8/10 families in the days leading up to the disruption and/or on the day of the disruption itself.
- Most children (n=7) needed to move out of home rapidly. The three children, for whom a planned move was possible, were nevertheless affected by poorly executed arrangements.
- Initially seven children went straight to foster care, two moved in with extended adoptive family and one child entered residential care. All children became looked after. Most placements were unstable - young people usually moved on because of the

challenging behaviour they showed. The violence shown by the child whilst in the adoptive family often continued in their post disruption placements.

- Half of the parents reported feeling devastated by their child's move out of home, whilst the other half were relieved. Five of the ten children were thought to have been upset by the disruption. Surprisingly, five were thought by parents to have been largely unaffected by their move out of home.
- Six parents had worried about the vulnerability of their child since moving out of home. Five young people were known, or suspected to have been exploited or abused since the adoption disruption.
- All but one parents wanted continued involvement in decisions about their child's care. However, only one couple were satisfied with the extent of their involvement. Five parents (50%) thought initially that their child's move out of home would be a temporary arrangement. According to parents, the lack of engagement with the family by social workers post disruption led to the missed opportunity to broker a return home for the child.
- Only three sets of adopters said that they had been supported post disruption. In two of these instances, the support had been provided or facilitated through a VAA.
- The support needs of other children in the family post disruption were thought by parents to have been overlooked. Some of these children were themselves adopted. In two instances, the adoption disruption seemed to set into motion a chain of events, which led to a second adopted child moving out of home prematurely.,
- Three parents said that the relationship with their child had improved post disruption; three parents reported that the relationship with their child had deteriorated and two parents reported no change. Two other parents felt that the relationship with their child now was too different to make a comparison.

CHAPTER 6 : CHILDREN'S EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

In this chapter, we present the results from the measures of children's well-being. All 20 adoptive parents completed the Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997) and the short form of the Assessment Checklist for Adolescents (ACA-SF Tarren-Sweeney, 2014). The Welsh sample was too small to examine statistical differences between the children who had left home and those who remained at home but the data are presented, so that comparisons with the larger English study of adoption disruption can be made. It should be remembered that at the time of the study, the Welsh children were on average, two years younger than the children in the English study. Although parents reported clinical levels of emotional and behavioural difficulties and serious difficulties in school, only a few children had received a clinical diagnosis and/or had a statement of special educational needs.

THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a commonly used measure of children's emotional and behavioural well-being and has been used in many studies of adopted and looked after children (e.g. Goodman and Goodman, 2011). The 25 items in the SDQ comprise five scales and the total score can range from 0-40. In the general population, about 10% of children have scores indicating mental health difficulties of clinical significance. However, in unrelated foster care, abnormal scores have been found in 45-74% of children depending on the sample taken (e.g. Minnis *et al.*, 2001; Meltzer *et al.*, 2000 and 2003; Ford *et al.*, 2007).

Total scores of 17 or above suggest that the child has emotional and behavioural difficulties and for the individual scales abnormal scores are emotion (5-10), behaviour (4-10), hyperactivity (7-10), peer (4-10) and pro-social (0-4). Table 6.1 shows the proportion of children in each group whose scores were in the abnormal range. The most striking feature of the scores is the extraordinarily high level of social, emotional, and behavioural difficulties in the 'At home' and 'Left home' groups in England and in Wales. The children

who were living ‘At home’ and those who had ‘Left home’ had more similarities than differences.

Table 6-1: Percentage of children in the abnormal SDQ range based on the cut-offs

SDQ Problems	Wales		England	
	Left home n=10 %	At home n=10 %	Left home n=34 %	At home n=34 %
Total score	90	90	97	83
Emotional	30	80	59	56
Behaviour	100	90	100	82
Hyperactivity/inattention	50	90	71	56
Peer problems	80	100	77	73
Pro-social behaviours	40	50	53	50

The study in England found that there were no statistical differences in the scores of the ‘Left home’ and ‘At home’ groups except for on the ‘behaviour problems’ scale. This was the only scale where *the entire* ‘Left home’ group in England had abnormal scores. Similarly, all the children who had left their adoptive homes in Wales also had abnormal scores on that scale. Adoptive parents in Wales, whose child still lived at home, reported more problems with children’s friendships and emotional problems such as worrying, anxiety, sadness and nervousness in new situations in comparison with the English study. The high levels of disturbance allows little scope for teasing out differences between the groups. For this reason, we also used the Assessment Checklist for Adolescents (short form) in order to consider more subtle differentiation between our groups.

THE ASSESSMENT CHECKLIST FOR ADOLESCENTS (ACA-SF)

The psychometric properties of this scale are well established (Tarren-Sweeny, 2014). As yet, population data are not available, although clinical cut-offs for the probability of clinically significant difficulties are available. The ACA-SF has 37 items, making up six scales using a three point (0-3) response (does not apply, applies somewhat, certainly applies). Details of the ACA measure, including an explanation of the items in each scale can be found in the Appendix. Table 6.2 shows the percentage of children who were above the borderline

clinical range and in brackets the proportion who were in the marked range at the higher end of the scale.

Table 6-2: ACA - Proportion of children at the 'Indicated' and 'Marked' level (brackets)

Clinical Level ACA sub Scales	Items	WALES		ENGLAND	
		Left home %	At home %	Left home %	At home %
		n=10	n=10	n=34	n=34
Non-reciprocal	6	100 (80)	90 (50)	97 (79)	85 (56)
Social Instability	8	90 (80)	90 (70)	97 (79)	76 (50)
Emotional dysregulation, distorted social cognition	7	100 (90)	100 (90)	100 (94)	88 (82)
Dissociation/trauma	6	60 (30)	40 -	67 (36)	38 (21)
Food Maintenance	5	20 (10)	20 -	29 (18)	18 (15)
Sexual Behaviour	5	30 (10)	10 (10)	29 (18)	26 (12)

The data from Welsh parents on their children repeated the patterns seen in the English study. All but one Welsh child was in the clinical range on the non-reciprocal scale, and the majority were at the more serious end of the scale. The non-reciprocal scale measures an avoidant, disengaged and non-empathetic relationship style. Most of the children were also indiscriminately friendly with an absence of personal boundaries in social relationships. Parents' descriptions of child/parent relationships highlighted these attachment difficulties. Most of the Welsh children and English children were also at the severe end of the emotional dysregulation scale. Items in this scale include intense reactions to criticisms and uncontrollable rages. These were behaviours that dominated parental accounts of the challenges they had faced. Examining the means for each scale, a pattern of increasing difficulty on every scale for the children who had 'Left home' was evident.

FORMAL DIAGNOSES

We also asked parents if they had received any clinical diagnoses for their child's difficulties. In comparison with England, the children in Wales had received fewer diagnoses. Only nine of the 20 children had received a diagnosis, although all the children were over the SDQ cut offs, suggesting that if they had been assessed in a clinical setting, an emotional and behavioural disorder would have been diagnosed. Parents thought that health and education agencies in Wales were very reluctant to diagnose specific conditions. In the box below, each row represents one child. Clinical diagnoses are reported in the order they had been made. Some children had multiple diagnoses.

Diagnoses: 'At home' children

- 1) Age 5 disorganised attachment and sensory processing difficulties, age 8 ADHD, age 10 FASD (ARND type).
- 2) Age 5 global developmental delay.
- 3) Age 6 ADHD, age 9 ASD, age 9 SPLD.
- 4) Age 8 ADHD, age 10 ADD (re-diagnosed from ADHD), and developmental trauma disorder.
- 5) Age 8 ADHD and sensory processing difficulties, age 10 ASD and executive functioning difficulties.
- 6) Age 12 SPLD.

Diagnoses: 'Left home' children

- 1) Age 5 specific language disorder, age 6 severe learning disabilities, autistic traits.
- 2) Age 7 ADHD.
- 3) Age 13 attachment issues, age 14 severe ADHD, age 16 anxiety.

ADD: Attention Deficit Disorder

ADHD: Attention Deficit Hyperactive Disorder

ARND: Alcohol related neuro-developmental disorder

ASD: Autistic Spectrum Disorder

FASD: Foetal Alcohol Spectrum Disorder

SPLD: Semantic pragmatic language disorder

EDUCATIONAL DIFFICULTIES

According to parents, 17 of the 20 children had substantial difficulties in school. Children displayed a range of challenging behaviours in class, including disruption, disorganisation, defiance, impulsivity, and aggression. About half of the children had truanted and a similar proportion had been excluded from school for unacceptable behaviour. For some children, school life exposed their emotional fragility, particularly around difficulties with anxiety, confidence, and self-esteem. Just three children had a statement of special educational needs - all were living at home. In total, five of the 20 children had moved from mainstream to specialist provision, whilst several other children had changed schools because of their difficulties.

In chapter seven, we set out the support shown to the adoptive families. We will see that the children living at home were receiving, or had received more support in school than those children who had left home. The three children with formally recognised difficulties, evidenced by a statement of special educational needs, were all living at home. Six children in the 'At home' group had a clinical diagnoses. The same was true for just three children who had left home.

SUMMARY

- All the parents completed the Strengths and Difficulties Questionnaire (SDQ) and the Assessment Checklist for Adolescents (short form).
- The children had extraordinarily high levels of emotional and behavioural difficulties with most children at the severe end of the scales on both measures.
- In comparison with the findings from the English study of adoption disruption, Welsh parents reported that the children had more problems with peers, and for those still living at home more emotional problems such as anxiety and sadness. Overall, the findings from the two studies are similar.
- All but one Welsh child was in the clinical range on the non-reciprocal scale. The scale measures an avoidant, disengaged style of relating. Most children were also indiscriminately friendly with an absence of personal boundaries in social relationships. Most of the children who had left home had displayed symptoms of trauma.

- In comparison with the English study, fewer children (n=9) in Wales had received a clinical diagnosis, although all were over the clinical cut off on the SDQ. Only three children had a statement of special educational needs, although parents reported that 17 of the 20 children had significant difficulties in school.
- Compared with those children who had left home, more children in the 'At home' group had a clinical diagnosis. This might suggest that they had access to more support for their emotional and behavioural difficulties.

CHAPTER 7 : ADOPTION SUPPORT POST ORDER

We've been through hell and high water, going from pillar to post, looking for help and understanding, and it's taken far too long. I'm sure I've managed Billy in ways that aren't appropriate, or lost my rag when I haven't understood stuff ... or I've just been too tired and too exhausted. ... At weekends, my husband and I take it in turns caring for Billy, so our relationship goes on, dangling on a thread, because we just don't have time for each other. (Adoptive mother, parenting an 11-year-old child)

In this chapter, we describe the support sought by, and provided to the children and their families, as adoptive family life became increasingly challenging. We outline parents' accounts of the support provided by adoption agencies, local authority children and families teams and by health and education services. Some of the barriers to accessing timely, professional support are identified. The chapter concludes by describing briefly the informal support given to the adoptive families by family and friends. We begin by examining parents' experiences of seeking support from the agency that had originally approved them.

VOLUNTARY ADOPTION AGENCIES (VAAS)

Six of the 20 parents had been assessed and approved as adopters by a VAA. Four of these families were in touch with their VAA when difficulties in family life escalated. Parents spoke positively about the compassion shown to them, with staff signposting families to agencies and organisations that might be able to help. Parents also described receiving good emotional support from the VAAs. As one mother explained:

The [VAA] social worker was so worried that she gave us her home contact number. She could see that it was a strain on my health and on [husband] as well, because [child] was still disappearing ... she did say to us, "If you need anything please don't be afraid to ring me at any time. I might not be able to come out to you, but I can try and offer you some support over the phone and some advice." (Left home)

Four of the VAA approved parents also went to their LA for help. Whilst the VAAs were unable to offer long-term intensive support, parents said that they had appreciated the kindness and understanding shown by VAA staff.

LOCAL AUTHORITY ADOPTION TEAMS

Twelve of the 14 LA approved adoptive parents tried to get support from the adoption team, as difficulties in family life escalated. Two parents chose not to renew contact because of previous unsatisfactory dealings with the team, as one mother explained:

The adoption support worker said to me, "If you need anything get in touch with us." Twice I've contacted them and there's been nothing - they'll be the last people that I contact now, unfortunately. (At home)

Two other parents were *unaware* of their entitlement to request adoption support from their LA. In both instances the families, who lived in Wales, had adopted a child placed by an English LA.

The experiences of those families who had contacted LA adoption teams for support was mixed. Three adopters described failed attempts to engage the team. One mother said:

We rang the adoption team. It was a particular person ... she never returned our calls. (Left home)

Several parents believed that their LA adoption team simply did not have the capacity or resources available to support their family. One mother, for example, described her fruitless contact with adoption services:

An [adoption team] social worker came out and said, "Yes, it must be very difficult for you." Then she came out with her boss ... and that was it. They went away and we've had nothing from anybody. (At home)

Very little therapeutic support was provided by adoption workers. Instead, families were referred onto the LA children and families team or offered help by agencies and/or individuals commissioned by the LA to provide support. The support provided to families through these commissioned services, included theraplay, parenting courses ('The Incredible Years' and 'Safebase' training), individual and family based counselling/therapy, support for contact with the birth family, and life story work. Although the support was generally considered to have been helpful, parents thought that it had been insufficient to meet the child's complex needs. Even though adoption workers did not deliver interventions

themselves, parents spoke positively about the compassion shown by many adoption social workers, with a few parents reporting that they had received excellent emotional support. One adoptive parent, very satisfied with the comprehensive package of support organised by the LA adoption team, described the help provided and offered an explanation, as to why she thought her family had been so well served:

We had therapeutic input, funded by the LA. It was about a 12-15 month block of theraplay, re-parenting strategies and therapeutic life story work. That was a great help ... the post adoption social worker that we were allocated, had been working in (placing LA) at the time Jake was placed, so there was a history. He knew Jake as a baby, he knew the birth family ... his opinion was that we need to do this work now, because if we don't it's going to cost us more in the long term. (At home)

By the time, parents approached the LA for help many families were already in crisis and at risk of disruption. The situation was not helped by the inertia shown by some LA teams. One mother explained how it was not until she contacted the LA for a second time, that a social worker finally came out to see the family. By that time, family life had deteriorated so much, that rather than providing family support, the social work intervention focussed on finding the child accommodation, away from home. Another adoptive parent, whose child had recently left home, described the missed opportunity for timely social work intervention:

Two years ago, we hit rock bottom ... the violence got worse, and I said to [husband] we need help with this. ... We phoned Social Services ... contacted them in the March They eventually sent someone out in the April and said that they'd get a report out. We phoned them a number of times, by the June still no report ... We clearly thought we're getting no help - then they sent a report. The social worker [had written] 'Mr and Mrs X are at the end of their tether. They're both physically and mentally exhausted, they need help'... It clearly said in black and white that we need support. ... We got none ... They did nothing. I spoke to the head of the department ... She apologised and said, "We've let you down, we should have done this, we should have done that," I asked, "Well what can you do?" She said, "Well, we can send someone out and we can have a chat again." (Left home)

On contacting the LA for support, some families were immediately allocated a social worker from the Children and Families team, whilst others were referred to the team by the LA adoption team. Families were often seen by crisis intervention or rapid response social workers. One mother described how the social worker had worked effectively with the family, to help improve communication:

[Social worker] from the immediate response team was a fantastic support, totally there for Zak [child]. I don't know if it was her age [early 20's], but she's the first person that I've ever seen Zak relate to through any of this ... The social worker came in, and she listened to Zak, for some reason she was able to get through to him ... help him to consider other people's feelings ... If I had any concerns, rather than there be arguments in the house or an explosion, I could relay them through [social worker] and she was able to put them in perspective for Zak, maybe more on his level, something that we couldn't do. (Left home)

However, more commonly, parents described the social work input as ineffectual and/or insufficient. According to parents, most children were resistant to social work intervention, and the reward systems that were often proposed, simply did not work. Furthermore, some families had several different social workers, which had hindered the opportunity to develop good rapport. Two parents believed that the social work intervention shortly before their child moved out of home had actually compounded the difficulties in adoptive family life, by creating a divide between the child and family.

Parents expressed concern about the knowledge and skills of social workers engaging in work with adopted children. As one mother, dissatisfied with the social work intervention, described:

The social worker said, "I haven't met Jessica before, but I've got some worksheets I want to go through with her ... No word of a lie, Jessica comes home from one of the meetings [with social worker] and she's all tense ... she kicks off and she starts bashing the doors. ... One of the things that came out of the Inquiry by the Welsh government was that support needs to be offered to these children in a considered

way, by people who know what they are doing ... that is still not being attended to. When we've asked for qualifications and experience, the response is, "We are not obliged to give you that information." (At home)

ASSESSMENTS BY THE LOCAL AUTHORITY

Social workers undertook different types of family assessments. Five parents had requested an assessment of need for adoption support - one family were not assessed, another family was assessed but received no support whilst three families were provided with support following their assessment. Fifteen of the twenty adopters had not asked their LA for an assessment of need; eleven parents were unaware of their legal right to request such an assessment.

Core assessments had been carried out on five of the 20 families, including one assessment that occurred after the child had left home. Even though relatively few families (25%) had received a core assessment, many concerns and observations about the process were made by those who had been involved, including the criticism that social workers seemed to have little awareness of the huge toll the assessment had on the already fragile adoptive family.

Not all parents were aware of the purpose of the assessment, and it seemed that there was some confusion, even amongst social workers about the function of a core assessment. One mother was told by her adoption social worker that she had asked the safeguarding team to carry out a core assessment, simply as a formality, to enable the family to access respite care. The adoption worker had emphasised that the referral had not been made because of any child protection concerns. The mother was shocked to be told later by a safeguarding team social worker that the assessment would not have been requested without such concerns. Another mother complained that social workers had not always been explicit when assessing the family. She said:

We've had a core assessment once or twice when [husband] has lashed out in self-defence. I'm sure there have been times where they've been assessing us and have not been, I wouldn't use the word dishonest, but not made it clear that they were. I think people need to be more up front and say, "We are assessing you because we're concerned about this." (Left home)

With an obligation to complete a timely assessment, there were complaints by parents that: dates had been falsified by social workers to show that the work had been completed on time, that there had been inadequate opportunity to confer with the family, and that the assessing social worker had not had sufficient time to consult the relevant key professionals. One father, who felt that that assessment had been rushed, said:

The timing of the [assessment] was determined by statutory requirements, but it was too quick. The social worker did not have the opportunity to draw on other resources. She did not have resources in her own skill base, but she couldn't then say, "I don't know this, so I'll go and ask someone who works in adoption," because that takes time, so the whole process was not considered. (At home)

Parents also described dissatisfaction with the assessment report, the content of which was considered by three parents to have factual inaccuracies. Parents also thought social workers had made judgmental, accusatory, and unsubstantiated statements. Three of the five parents described what they thought was a clear agenda by the assessing social worker to apportion blame. One father, who vehemently refuted the criticisms made about his parenting skills, said:

We got the core assessment report, and it was appalling ... it was riddled with inaccuracies, misquotes, and misinterpretation. (At home)

Another set of adopters who had undergone two core assessments, in quick succession, pointed out the inconsistency between the reports.

[In the first assessment] there were judgments about us. There was a statement that we didn't understand teenagers and that I didn't get on with professionals. There were inaccuracies. It was very damning of us and suggested that things were all our [adoptive parents'] fault ... Then we had another core assessment done on us, and it was like chalk and cheese. In the second assessment, they said that we understood teenagers and that we had done a marvellous job in difficult circumstances. (Left home)

It was of concern to parents that assessing social workers, seemed to have little or no experience and knowledge in matters of adoption, attachment and trauma. Assessments

were described as insensitive and lacking the contextual information needed to understand the challenges faced by the family. One adopter said:

The social worker did the assessment with hobnail boots ... she was drawing upon terms of reference for helping, which were her own children, but that doesn't fit [with adopted children]. I don't think she was being consciously malicious or trying to minimize what we were experiencing, she just didn't have the experience or the training to be able to work with the complexity of the situation. (At home)

RESPITE CARE

Several parents said that respite care had helped the family. In some instances, it was considered to have prevented, or at least deferred a disruption. Three children had spent some time in respite foster care, following an episode of child to parent violence. Respite care had also been provided to families, in the form of day provision. LA's had, for example, had funded holiday clubs, organised activity days for the children or provided financial help that enabled parents to fund their own respite care arrangements.

However, parents also described difficulties in accessing respite care, not least in that safe, appropriate provision could not always be found. Two adoptive families, for whom respite care had been suggested by professionals, explained how a social worker had told them that it would only be offered if all their children were provided with respite care, so that no one child felt singled out. The parents did not feel able to accept respite care on those terms.

COMMUNITY HEALTH SERVICES

Parents had often approached their GP for help with the challenges they were facing in adoptive family life. GPs had been instrumental in supporting parents emotionally, in ruling out underlying physical explanations for children's difficulties and in referring families on for therapeutic interventions. One mother had felt well supported by her GP, who was herself an adoptive parent.

Six children, with diagnoses including ADHD, FASD and developmental delay, had been under the care of a paediatrician. According to parents, paediatricians had been particularly helpful in monitoring the children's development, convening multi-disciplinary meetings and

in helping to fight for specialist services. Parents appreciated the continuity of contact with paediatricians and the compassion they showed. One mother, who in the very early days of adoptive family life, had expressed concerns about her child's behaviour to the health visitor, said that the health visitor had not recognised her concerns. The child was subsequently diagnosed with various difficulties, including ADHD and ASD.

Four children had been seen by speech and language therapists, and two had been assessed by occupational therapists for difficulties relating to sensory processing, concentration and co-ordination. Following the OT assessments, neither child received timely support. One set of adopters went on to pay privately for a series of OT sessions, which were described as helpful, but insufficient in number.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

In total, 18 of the 20 children were thought, by their parents, to need CAMHS services. Seventeen children had been referred to CAMHS and one family had paid privately for mental health services. In the main, parents were disappointed with the service and seven of the parents whose family had been seen by CAMHS, described them as the *least helpful agency* with whom they had engaged.

Several parents reported fleeting involvement with CAMHS with children judged not to have met thresholds for assessment or interventions. A few families had briefly been involved with the service but because their child had refused to co-operate, the service had stopped. Parents expressed irritation that staff had made no real effort to engage the child. Six children had been diagnosed with ADHD, some of whom were known to CAMHS only for reviews of medication, rather than for any psychotherapeutic support.

Parents complained that CAMHS staff did not appear to understand the complexities and sensitivities of adoption. Two parents explained:

We went to CAMHS, and the CAMHS woman talked to Keira about her 'real parents' ... but you know, within adoption circles you don't use that term. (Left home)

The psychiatrist said that as Kian had come to us at 12 months old, he would be very concerned if Kian had any ongoing difficulties; as a result of his early experiences, I was

told that it doesn't matter [about] his experiences when he was in the womb, when his mother was doing drugs and afterwards being moved about. The psychiatrist said to me that because we'd given him nine or ten years of good nurturing care, that should have completely balanced out any [negative] experiences from before. (At home)

In two instances, parents said that CAMHS had aggravated the difficulties and left parents feeling undermined. Other parents described feeling blamed or disappointed that, as parents, they were not recognised as credible informants. For example, one mother felt sure that CAMHS staff had not listened to her concerns during the family's initial assessment, and had offered an intervention, which could be provided in-house, rather than one that addressed the needs of the family. She explained:

At the initial meeting [with CAMHS], I said that the problem was between myself and James [child], and that we both needed to be involved in any work. ... We needed to work through how we related to each other. [The decision] came back as one to one psychotherapy for James only ... I actually don't think anybody listened to me at the original meeting, when I said that I felt that the problem was between the two of us. (At home)

A complaint made by several parents was that their local CAMHS did not provide interventions targeting children's attachment difficulties. Parents reported a lack of understanding by staff about such matters. One mother said:

CAMHS wasn't helpful. We just felt they had no knowledge or experience of adoption ... we just felt they didn't get attachment and adoption. (Left home)

Another mother, who spoke positively about the compassion shown by CAMHS staff, nevertheless described how their local CAMHS had no expertise in working with attachment and trauma. She explained:

The psychiatrist assessed Sam ... Her finding was that it's all to do with the attachment disorder from his early experiences. That means they can't medicate him for it. He hasn't got a recognised mental health problem, so CAMHS can't do anything, and her

involvement has now finished. But, she's saying that he clearly needs some kind of help - just nobody knows where to get it. (Left home)

However, not all parents were critical of CAMHS refusal to engage in work around attachment. Two parents were adamant that attachment difficulties were outside the CAMHS' remit. Other parents thought that attachment issues were too quickly identified when there may have been other explanations for their child's difficulties.

Five children and families received CAMHS interventions comprising more than just an assessment. Two adopters described CAMHS as the most helpful agency the family had seen. In one instance, the psychiatrist had been unable to support the family directly, but had been proactive and creative in accessing other support for the family.

EDUCATION SERVICES

Despite the substantial difficulties shown by children in school (see chapter 6), only three children (all still living at home) had a statement of special educational needs. At the time of the research interview, one other child, living in foster care, was in the process of being statemented. A couple of parents mentioned that their Local Education Authority was well known for trying to avoid assessments of special educational need, even when one was indicated.

The 'Left home' group: seven of the ten children had been or were in mainstream education, two of whom had received additional classroom support and/or group work outside the classroom. One child was in pupil referral unit, and two others (a school refuser and a child excluded from mainstream school), had been provided with an alternative curriculum - both of these children had missed a substantial amount of compulsory education.

The 'At home' group: eight of the ten children were in mainstream education, all of whom were receiving additional classroom or pastoral support in school. Two children living at home attended an EBD unit.

The majority of children had been involved with the SENCO (special educational needs co-ordinator). There were accounts of good SENCO support around the management of moves

between schools - particularly for the transition from primary to secondary school. One mother described the support shown to her son:

By the time he came up to the transition [to secondary education], they'd got lots and lots of support in place for him at school. The secondary school is very good with children with additional needs ... all children go and have about three days in the secondary school ... [and in addition] about 15 [children] went over [to the secondary school] every Wednesday morning for an hour or a couple of hours, so that they could find their way round the school and all those sorts of things ... They did that for about six weeks or so. It was very good. (At home)

However, there were also accounts of schools not responding sensitively, as another mother explained:

I had written to the school twice saying, 'This is who she is, she's adopted, she has a high level of anxiety, can we arrange a transition plan?' No reply at all ... we saw the paediatrician who wrote a letter backing our concern. The day before [school started], they were having an inset day, and I brought the letter to the school and dropped it off. On the basis of that, they arranged for somebody to meet her in the hallway on the first day, take her in the front door, and she was fine. But then the second day, she had to stand in the yard in line with everybody else, so she went berserk. Within a week of her arrival, she had one to one full time support. (At home)

Two children had been seen by educational welfare officers for non-school attendance, and nine children been assessed by an educational psychologist (Ed. Psych). This contact did not usually appear to be in the context of an assessment as part of a statementing procedure. There were mixed views about the helpfulness of Ed. Psychs. Some parents described thorough assessments, followed by the provision of additional support. A mother said:

The educational psychologist assessed him and observed him in the class, and gave the teachers lots of things that they could do with Joe to try and make things easier for him. They did a lot of work around his feelings and understanding of other people's feelings. (Left home)

However other parents had been less satisfied with the input from Ed. Psychs, with complaints that assessment recommendations had not been actioned or that Ed. Psychs lacked sufficient knowledge about adoption, attachment and trauma.

A few adoptive parents either worked in the education sector or knew their child's teacher socially. In the light of these connections, some parents described how they were treated favourably, with teachers going out of their way to support the child and family. In some instances, difficult behaviour was managed informally. One mother explained:

She threatened to throw a cup of boiling water over somebody in cookery ... threw stones at the teachers, refused to go to lessons, didn't actually go to lessons at all. She would have been permanently excluded had I not known her teacher so well. (Left home)

However, there was a downside to the informal support strategy, as incidents had not been recorded and there was therefore no paper trail to evidence the need for support at a later stage. A mother whose child's class teacher was a close friend explained:

We've subsequently learnt he was doing many things in primary school that they just didn't feel we needed to be notified about ... I think some of that was her protecting me ... Since going into secondary school, he's already been suspended three times for violence ... but when they checked with the primary school there was nothing documented. (Left home)

Generally, parents spoke positively about the pastoral support provided in school such as school counsellors, or a 'dedicated' teacher or support worker whom children could seek out when anxious or distressed. However not all children wanted the support offered, and not all support offered was sustained. One mother explained how her daughter's school counsellor had stopped seeing her when she could no longer cope with the child's trauma.

Several parents had taken it upon themselves to provide schools with information about adoption, attachment, and trauma, to help them understand the impact of a child's early history. One adopter described how she was able to share her growing knowledge with the school:

At the conference I went to, the speaker was laying out ... the different ways that we need to cater for the needs of children rather than just expecting them to slot in. She had all these hand-outs ... She suggested that every school had a small group of people that knew each child, and knew a bit about their history, the positive things they were trying to achieve, their trigger points. So anyway I took all this to the school ... Jade's school is aware now of the things that trigger her. They didn't know about changes of routine, they didn't know about someone raising their voice ... she had always been causing problems, but teachers didn't know why. (At home)

Whilst some teaching staff had embraced the opportunity to learn about such matters, others had been less receptive. One mother described how she had offered to fund a training day for her daughter's classroom support worker, but the invitation was not taken up.

BARRIERS FACED BY PARENTS IN ACCESSING SUPPORT

A few adopters pointed out that they simply did not know whom to turn to as adoptive family life became increasingly fragile. There was confusion amongst parents about which LA was responsible for supporting the family (i.e. the placing authority or the authority in which the family lived), as well as confusion within the LA about which team should provide the support (i.e. the adoption team or the children and families team). One mother described how she was passed around different social work teams:

We got in touch with the post adoption team. They didn't offer anything. They just gave me random numbers to ring. I was being transferred round the social services circle - going around the system. Eventually a woman said to me, "Basically you need to phone up [adoption team] and say to them that if you don't get help there's a case for disruption." I phoned someone [in post adoption team] and I said, "If I don't get help we will disrupt." Then they referred me to a VAA that they had a [support] contract with - but that was after we'd had to get pretty heavy handed. (At home)

Parents also found themselves in the midst of disputes between agencies, particularly between social care and health, with the LA telling parents to seek help from CAMHS, but CAMHS advising parents to return to the LA for support.

To access the support that parents thought was needed, nine parents had paid privately for services, including assessments, speech therapy, private tutoring, sensory awareness, respite care, family therapy and counselling for their child and occasionally for themselves.

WORKING WITH CHILD TO PARENT VIOLENCE

Seventeen of the 20 families were or had been living with child to parent violence. Whilst a few parents described professional intervention that might have addressed the violence, as part of a wider support strategy (for example family based counselling/therapy), only one adopter said that support had been put in place, *specifically* to address the violence in the home. However, that intervention proved ineffective, with the therapist telling the parents that she was out of her depth professionally and was unable to help. There were parents desperate for support to help manage the APV, as one mother said:

I've discussed [the violence] with many professionals, and they know it's one of the biggest reasons why I've been shouting for some sort of therapeutic intervention. We need to stop heading in the direction we're heading, we need to turn the ship round. If we don't turn it round soon, then actually we could get to a point where I can't live with him at home anymore ... but there's nothing. ... You try really hard to get support ... and people just say, "Well there's no money" ... but if I stop being able to care for this child, then you're going to have to find money to accommodate him. (At home)

SUPPORT SHOWN BY FAMILY AND FRIENDS

We asked parents about the support given by family and friends during the difficult times in family life. It was surprising how little support was reported. Whilst a few parents recounted steadfast, unequivocal support (usually from their own mother) the majority reported feeling unable to draw on meaningful support. Some parents described not wanting to encumber others by exposing them to the extreme difficulties faced within the family, particularly if they were not in a position to help. As one adopter, who felt unable to confide in her own mother, explained:

It's difficult ... my mum is in her 80s. She couldn't cope if she knew that we were threatened with knives and things like that ... and so you just don't talk about it. We don't want to burden them really. (At home)

Other parents reported feeling misunderstood by family and friends, and described the difficulties they faced in getting others to appreciate that parenting strategies used with birth children, did not work with their adopted child. Rather than feeling supported, some parents described feeling judged and blamed with friends falling away and family members avoiding contact. There were instances where disagreements within the wider family about the care of the child had caused serious rifts. Parents said that the children themselves were aware of, and affected by the discord.

A few parents described how they had developed a supportive social network through contact with other adoptive parents and/or foster carers. Parents described befriending like-minded individuals who understood the complexities of adoptive family life and who did not judge or blame parents for the difficulties they faced.

SUMMARY

- More than three quarters (n=16) of the families were in touch with LA adoption teams when difficulties in family life escalated. Two parents chose not to make contact following previous unsatisfactory dealings with the agency and two other parents were not aware that they could approach the LA for support.
- Parents described difficulties in engaging LA adoption teams and the inertia shown by teams once contact had been made. Very little therapeutic work was undertaken by adoption social workers. Instead, families were referred onto adoption support agencies or other professionals commissioned by the LA, or referred to the LA's children and families team.
- Some direct work with families was carried out by Children and Family team social workers. In the main, interventions were not considered by parents to have helped.
- The majority of social work assessments were not rated highly by parents. Core assessment were particularly contentious. Parents had serious reservations about the knowledge and skill base of children's social workers in adoption related matters.
- Respite care was valued by parents. Three children had spent some time in respite foster care. Other families had received overnight or day care provision. There were some innovative ways in which respite care had been organised. However there were also obstacles in accessing respite care.

- Adoptive families had used community health services for help with their difficulties. GPs and paediatricians were particularly helpful in supporting parents emotionally and in referring families on to specialist provision. Parents had also sought assistance from speech and language therapists, occupational therapists and in one instance, a health visitor.
- All but two children were thought by their parents to have needed CAMHS support. In the main, parents were dissatisfied with their CAMHS experience.
- Parents complained that CAMHS staff often did not appear to understand the complexities and sensitivities of adoption, and that as parents they were not listened to and/or excluded. In contrast, two sets of parents were very positive about the support provided by CAMHS
- Parents were dissatisfied that CAMHS refused to work with children on attachment difficulties. Some parents thought that attachment difficulties were too readily identified as the root of children's problems. However, not all parents thought attachment work was or should be a CAMHS responsibility.
- Five of the 20 children had or were being educated outside mainstream provision. There were children in EBD schools and PRUs, without a statement of special educational needs.
- SENCOs had been involved with the majority of children. SEN teams had been particularly helpful in supporting children through school transitions. Educational psychologists had been involved with nearly half (n=9) the children. Parents held mixed views about the helpfulness of Ed. Psychs.
- Some parents knew teachers in a professional capacity or socially, which was considered both a help and hindrance. Teachers sometimes dealt informally with difficulties shown by children, perhaps to protect parents. Consequently, paper trails did not always exist to demonstrate the enduring nature of the children's educational difficulties.
- Several parents had provided schools with information about adoption, attachment, and trauma, to help them understand the impact of children's early histories.
- A few adopters did not know whom to turn to as adoptive family life became increasingly challenging. Parents described being passed between agencies, or between departments within agencies.
- Despite its prevalence, there was almost no work carried out with families to specifically address CPV and/or APV. Some parents of children still living at home were desperate for help in dealing with the violence they were experiencing.

- Surprisingly few parents felt supported by family and friends during difficult times in adoption family life. Parents did not want to burden others. For some, disagreements within the wider family about the care of the child had caused serious rifts.
- A new social network had been established by some parents. They described befriending like-minded individuals (often other adopters and foster carers) who understood the complexities of adoptive family life and who did not judge or blame parents for the difficulties they faced.

CHAPTER 8 : CONTACT, TALKING ABOUT ADOPTION AND HOPES AND FEARS FOR THE FUTURE

At the time of the interview in 2014, most of the children were or had been living with their families for about ten years.³ Over those years, there had been a great deal of change in adoptive parents' understanding of the impact of children's early experiences and their expectations of adoptive family life. In this chapter, we will examine a number of adoption related issues. We will begin with the contact arrangements with birth family and consider whether the plan agreed at the start of the placement had been followed. It has been assumed that having contact with a birth relative makes it easier for children to talk about adoption related issues and especially to help with children's development of a sense of identity. However, research (e.g. Brodzinsky, 2006) has shown that the relationship between contact and children's well-being is not that straightforward. It is possible for adoptive families, who have no contact with birth relatives, to be open in their communication about adoption and conversely, children having birth family contact to have adoptive parents closed in their communication making it difficult for children to ask questions. Brodzinsky, (2006) argues that adoptive parent communicative openness is more important to children's wellbeing than the type of contact that takes place. We were therefore interested in the ease with which adoptive parents and the child talked about adoption related issues and whether contact or lack of contact was associated with the challenges the parents had faced. The chapter will conclude with adoptive parent's reflections on their adoption experience, the impact on their lives and their thoughts about the future.

CONTACT PRE AND POST ORDER

One of the differences between this study of adoption disruption in Wales and the study of adoption disruption in England (Selwyn *et al.*, 2015) was that many of the Welsh adopted children came from very large birth families who lived close to the adoptive families. Some adopted children attended the same school as cousins, or had siblings and birth parents living just a few miles away. Adoptive parents were concerned that birth relatives might discover their address and reported that some children were also fearful of 'being found' by

³ Those children who had left home had lived with their families for 9 years (range 1-16 years) before the disruption whilst the children at home had been with their families for ten years (range 3-13 years).

a birth parent. A couple of adoptive parents whose child had left home wondered whether things might have been different had the birth family not lived nearby. In comparison with England, there was less direct contact planned by social workers. The lack of contact may have been because of social worker's concerns about proximity, but there was also less social work support for contact offered in Wales at the start of the adoptive placement and later if contact issues arose.

PRE-ADOPTION CONTACT

Prior to being placed for adoption, most children (n=14) had been having face-to-face contact with their birth mother, seven children were seeing their father⁴ and seven children had face-to-face contact with a grandparent. A quarter of the 20 children had no contact with any adult relatives whilst they were in foster care.

PLANS FOR CONTACT POST PLACEMENT

None of the 20 children had a plan for face-to-face contact with adult relatives and only five children had planned face-to-face contact with siblings post placement. Letterbox arrangements were expected to replace all the direct adult contact.

CHILDREN'S 'GOODBYE' MEETINGS WITH BIRTH PARENTS

Adoptive parents were asked if they had known of any 'goodbye' meetings taking place in which the child and his/her parents had said farewell. Goodbye meetings usually signify the end of face-to-face contact. Six parents had no knowledge of meetings taking place and a further four thought that they had occurred well before they had been matched with the child. Four families knew that 'goodbye' meetings had taken place just before the introductions had started but six meetings had taken place at the same time as the adoptive parents were being introduced to the child. One of the children had a goodbye meeting on the same day that he moved into his adoptive home. Adoptive parents recognised how stressful this must have been for the child.

ADOPTIVE PARENTS' MEETINGS WITH BIRTH PARENTS

⁴ One child's birth father had died.

Seven of the 20 adoptive parents had met one or both of the birth parents. Most adoptive parents described birth mothers compassionately, commenting on mothers' own neglectful childhoods, their learning difficulties or mental health problems and their limited abilities to parent. In comparison, most birth fathers were feared and described as rough, violent, abusive and *'not the sort of person you would like to meet.'*

POST ORDER CONTACT

At the time of the interview in 2014 or at the point of disruption, eleven of the children had no contact of any kind with an adult relative and many planned arrangements had changed. Most contact had decreased (Table 8.1) except for contact with grandparents, which had increased over the years. Parents were generally satisfied with the type and amount of contact they had experienced. Four parents would have liked more contact with a birth parent and three parents thought there should have been less contact.

Table 8-1: Contact with birth family members pre-placement, planned contact post adoption, and contact at the time of the interview

Type of contact		Contact pre-placement	Contact plan post placement	Contact at the time of the interview
		n	N	n
Birth mother	Letterbox	-	15	7
	Face to face	14	-	1
Birth father	Letterbox	-	8	2
	Face to face	7		1
Siblings	Letterbox	-	5	4
	Face to face	9	5	3
Extended family	Letterbox	-	4	5
	Face to face	7		2

LETTERBOX ARRANGEMENTS

Some of the planned letterbox arrangements had never started. In a few LAs, the policy was that birth parents had to ask for an update before the adopters prepared a letter. Birth parents had not asked, and therefore there had been no communication. In other families the adopters had stopped writing when they got no reply and in three families the child themselves had requested it cease. For example, one child had said to his parents:

I don't want you to write anything, I don't want them to know anything about me.
(At home)

Some parents had continued to fulfil their side of the letterbox agreement, although they were not receiving a response. One mother said that she thought it was important for her child to know that she had tried. Only two of the letterbox arrangements were two-way arrangements with both the adoptive parents and a birth parent corresponding.

Two of the adoptive parents thought that the child's grandmother should have been included in the original contact plan, as the grandmother was very significant for the child. The importance of the relationship to the child had not been recognised in the original social work contact plan. Previous research on contact (e.g. Cleaver, 2000) has highlighted how grandparents are often omitted from contact plans, although they can be a source of consistent support. In this small sample, one adoptive family, after several years of consistent letterbox contact, started face-to-face contact with the grandmother. The contact had been very successful. So much so, that the grandmother treated the adopter's birth child, as if she was her granddaughter too. Presents and cards arrived for all the children in the family.

Adoptive parents reported similar concerns and complaints about letterbox arrangements, as have been reported in many other studies (e.g. Neil, 2004; Selwyn *et al.*, 2006). Adopters complained of: receiving letters with unsuitable content, of sending letters but receiving no reply commenting, *it's like sending it into thin air*, and that the content from birth relatives contained little information or news. Some adoptive parents wanted to be kept informed and to know if more siblings had been born. Other parents thought that letters/cards arriving at birthdays and Christmas could be upsetting and that letterbox *"complicated moments ... even the fact, a Christmas card might be bigger or have more kisses."* Saving all the correspondence from birth relatives made some adoptive parents wonder whether they were prioritising birth family correspondence, over their own cards and messages, which were not saved.

FACE-TO-FACE CONTACT

The plans for contact post adoption had not included face-to-face contact with adult relatives but, at the time of the interview, one family had face-to-face contact with the birth mother and the same family also had face-to-face contact with the birth father, siblings, and a grandparent. Some of the adopters had thought about starting face-to-face contact with birth mothers, but had been told by social workers that direct contact could not be supported by Children's Services. They therefore felt unable to continue.

With so little contact occurring we wondered how easy it was for adoptive parents to talk about adoption with their child.

TALKING ABOUT ADOPTION

Adoptive parents said that any discussion about adoption related issues was usually initiated by them. About half of the children had shown little curiosity about their histories and rarely asked questions. Some children were said by their adoptive parents to have blocked early memories of abuse and neglect or for any talk to bring up feelings of insecurity and was therefore avoided. Boys seemed to find it more difficult to raise adoption related issues, as adoptive parents explained:

We always initiated it (talking about adoption) ... He was never very good at talking about anything emotionally related. (Left home)

He doesn't seem to have much desire to do it. We used to celebrate his adoption day just because it was a way of giving an opportunity to talk ... he sees us as his parents. (Left home)

Girls were more interested in their histories, a finding reported in other studies (e.g. Grotevant *et al.*, 2005) too. For example, a mother said:

We talk about her birth family a lot. It's just part of [child's] life ... it's like contact. ... I always read the letters to her and she contributes to writing back. (At home)

The significant learning difficulties shown by a couple of children, left parents unsure about how much the child understood about their past or adoption. Some children were confused, as foster carers had also been known as 'mum' and 'dad' or they seemed to have difficulty in understanding the purpose of a mother or father. Children struggled to make sense of

their early lives and some invented stories, such as telling other people that their birth parents were in prison.

Adolescents were keener to know more details but parents were unsure how children had coped with the more explicit information. With maturity came greater understanding that their experiences in their birth family had not been normal, especially for those children who had been sexually abused. Even so, children were still thought to blame themselves for their removal from home. Whilst some adolescents wanted more information, others wanted to block out 'bad memories' or wanted to be the same as everybody else and therefore stopped talking about adoption.

However, the topic of adoption was sometimes raised in heated exchanges with children shouting, "Why did you adopt me?" A couple of children used their adoptive status to gain a certain notoriety and status. One mother said,

She tells everybody ... about how she used to be locked up in a room and they used to throw in apples to feed her... and how sister (age 3) had to bath her. (At home)

Adoption still carried a stigma. A quarter of parents were aware that their child had been bullied because of their adoptive status. Some parents thought their child had managed the negative comments well, but others found the comments more difficult, especially when they lost control over who knew about their circumstances. A mother explained:

She desperately wants to be the same as the other girls. ... She did go and told girls she didn't know [that she was adopted]. She is very trusting and then they blurted it out everywhere. It was very difficult for her. (At home)

The reports from adopters on the ease with which the family could talk about adoption related issues were very similar to the comments made by English adoptive parents. The research in Wales and England does draw attention to the complexity and dynamic nature of the ease with which difficult subjects are addressed. Some parents said they found it easy to talk about but had children who did want to think about the past or who wanted to be the same as their friends or felt unsettled by talking about adoption related matters. Other parents were unsure about how much detail to give, particularly when there had been severe abuse and some parents found it easier to talk about the past when contact was not

occurring. Of course, only the adoptive parents were interviewed in this study and we do not know if the children shared their parent's perceptions.

SOCIAL MEDIA

Adoptive parents were aware of the risks associated with social media, especially the risks around using Facebook. Parents kept a tight rein and monitored use but even so two of the 20 parents had already experienced difficulties. In one family, the birth father contacted the child through Facebook and then tried to arrange a secret meeting. Another parent described the child initiating contact with the birth mother but then losing control, as the mother opened up the contact to everyone in the birth family. Adopters were also aware that monitoring would become more of a challenge, as the children moved into their late teens. A few of the parents whose children had left home and were in foster care, complained that their children now had unsupervised internet access and this was putting them at risk. Two parents had asked for advice and help with managing Facebook but had been told by Children's Services that support was unavailable.

ADOPTIVE PARENTS' REFLECTIONS

Parents were asked, 'Looking back, is there anything you would have done differently?' Two parents could not identify anything they would have changed. In response to the question, one parent said:

Maybe not [change anything], it was the most challenging, infuriating, wonderful thing. We've had such joy watching him grow and learn. (Left home)

Most parents did wish they had understood more about attachment theory and the parenting of traumatised and maltreated children. Many parents said, *If I knew then what I know now...* Parents talked about wanting to be more consistent in their parenting, and of *fumbling in the dark*, not sure what to do or how to approach difficulties. Some parents wished that they had sought support sooner, fought harder for respite, or that Children's Services had proved more reliable. For example, a parent said,

I would have tried a lot harder to get a more appropriate agreement for post adoption support... some more flexible agreement if I had realised ... but the thing is you don't realise what is coming. (At home)

Not all parents wished they had sought support sooner. Two parents rued the day Children's Services became involved, as they felt their intervention had made the situation worse. Parents said:

I would have made sure that every single thing to do with social workers was down on paper and taped. (Left home)

Not get Social Services involved. I wish I'd taken him to the GP and done it all through the GP or privately. (Left home)

Three parents mentioned sibling group issues. One parent wished that there had been less sibling contact, another that they should have had more space to reflect on whether they wanted to be matched with a sibling group "without the pressure to act", or that they should not have agreed to take all the siblings at once. Two adopters wished that they had delayed school entry and/or prepared and addressed the transition to secondary school better.

THE BEST AND THE WORST EXPERIENCES

Reflecting on the best experiences of their adoption journey, many parents simply named the child as the best. Parents talked about how wonderful it was to be a mother and see children grow and develop. For example, one parent said that her best experience was:

Parenting, and the really silly little things you do as a parent like teaching somebody to tie their shoelaces, making Lego models. We have lovely memories, as well as the difficulties. (Left home)

Some parents whose children had left home focused on their early memories, of lovely holidays and special happy times spent together, as a family. Other parents spoke of the pleasure they had gained from seeing their child make small improvements or of knowing that the children's lives were much better than if they had remained in care. One parent said:

We've got problems, but still an amazing child and she's travelled such a long journey from the child that was to the child she is now. She's not even recognisable ... Three years ago she did not speak, she didn't have much language ... she was singing this morning. She sang a song the whole way through. (At home)

Thinking about their worst experiences, two parents mentioned events that had taken place pre-order such as their assessment or contact with the foster carer. For many parents the disruption itself was their worst adoption experience. Some of these parents focused on the loss of their child and their subsequent grief and feelings of guilt whilst others focused on the events that had taken place around the disruption such as criminal offences, child to parent violence, and the allegations made against them. When asked about the worst part of their adoption experience, parents said:

The biggest thing I regret is- I feel that I left her. (Left home)

Allegations. Loving her so much and the relationship is completely gone. (Left home)

We're still involved with him but we feel we've lost him. ... We can't help him and it's looking like nobody else can either and I find that unbearable. (Left home)

Lack of appropriate support was also mentioned by those still parenting. One mother said that the worst experiences had been:

Arguing all the time for support; fighting for things. Knowing what you need and not being able to convince anyone to give it to you. (At home)

Several parents mentioned their worst experience was the personal toll of physical exhaustion and feeling isolated. Mothers were saddened that their child was resistant and avoidant and would not accept being parented:

He won't let us parent ... he's like a lodger in the house. ... He would rather destroy his scooter than let [father] show him how to use a spanner. (At home)

IMPACT OF CHALLENGES ON ADOPTIVE PARENTS

Adoptive parents were asked about the way the challenges they had faced had affected their own lives. Seventy percent stated that the challenges had adversely affected their

mental health at some point since the date of the Adoption Order. Four of the 20 parents had been prescribed medication for anxiety/depression but many more talked about their feelings of intense sadness and bouts of uncontrollable crying. Adopters spoke of feeling exhausted and having no time to themselves.

Parents completed a standardised measure on anxiety and depression (HADS). The HADS is a 14 item scale which asks about feelings in the previous week with higher scores representing more distress. The maximum score is 21 on each scale. Mild symptoms of anxiety and depression are experienced by many people in the general population. Here we used the scale to establish whether this sample of adoptive parents had symptoms that would be in the clinical range, if they had approached their GP. The same measure was used in the English study of adoption disruption and provides a comparison (Table 8.2 and Table 8.3).

Table 8-2: Symptoms of anxiety reported by adoptive parents

Symptoms of anxiety	General population n=1,972 ⁵ %	Wales disruption study		England disruption study (Selwyn et al., 2015)	
		Left home n=10	At home n=10	Left home n=33	At home n=35
Normal score 0-7	67	1 (10%)	4 (40%)	14 (43%)	12 (34%)
Mild score 8-10	20	6 (60%)	1 (10%)	11 (33%)	12 (34%)
Moderate score 11-15	10	1 (10%)	3 (30%)	3 (9%)	8 (23%)
Severe score 16-21	3	2 (20%)	2 (20%)	5 (15%)	3 (9%)

Eight parents (40%) had scores to indicate that they had symptoms of anxiety and six of the eight also reported symptoms of clinical depression (Table 8.3). Most of the Welsh adoptive parents had scores in the normal or mild range on both scales.

⁵ Crawford and colleagues (2001) established norms for the scales and cut offs for mild, moderate and severe symptoms.

Table 8-3: Symptoms of depression reported by adoptive parents

Symptoms of depression	General population n=1,972	Wales Study		England Study (Selwyn <i>et al.</i> , 2015)	
		Left home n=10	At home n=10	Left home n=33	At home n=35
Normal score 0-7	87%	6 (60%)	1 (10%)	17 (52%)	20 (57%)
Mild score 8-10	9%	1 (10%)	6 (60%)	8 (24%)	9 (26%)
Moderate score 11-15	3%	3 (30%)	3 (30%)	7 (21%)	5 (14%)
Severe score 16- 21	1%			1 (3%)	1 (3%)

Although most parent’s mental health was good, three-quarters of parents commented on the negative impact on their social lives. One parent said:

I’m a pretty resilient person ... my mental health is good ... partly because we don’t get the challenges all the time. We do get the nice bits in between ... but haven’t got a social life. (At home)

Most parents described becoming more isolated, partly because it was very difficult to find someone to care for the child and partly because the shame of having a child who was violent deterred parents from inviting friends or family to visit the home.

About half the parents reported poor physical health and exhaustion, which they attributed to the effects of sustained stress. There were individual examples given such as arthritis, migraine, teeth grinding at night, hair falling out, panic attacks, ulcers and poor control of diabetes or thyroid problems. Parents said:

I sleep very lightly now ... you don’t know whose going round the house ... what they’re stealing ... I am overweight ... Some days I lie in bed in the middle of the night and it’s like a blackness coming over and I have to consciously think - ‘No, I’m not having this blackness’ ... School mornings are a nightmare, a constant battle. I just lie in bed and think I just don’t want today to come. We are more confined now ... daren’t leave him in the house on his own. (At home)

About half the parents thought that their employment had been adversely affected. Some had been unable to work because of the expectations of teaching staff. One parent explained: *“It was difficult all the time child was in school. One of us had to be on call all the time.”* Other parents thought that they had come close to losing their jobs, as a result of the allegations made by the child. However, a few parents enjoyed work: they had supportive work colleagues and thought the normality of the workplace had kept them going.

There was also a negative impact on family finances and not only because of having a single wage earner. A few parents had spent large amounts of money on legal advice to fight for a school place while other parents had to constantly repair or replace items broken by the child. As a mother explained:

We’re on our third laptop in three years, our second DVD player. She can’t control her impulses ... The cooker got smashed at Christmas ... she decided to do a karate kick in the kitchen ... She’s broken the button off the tumble dryer, so it will only run on heat ... There’s a hole in the wall in my bedroom. I try and work as many hours as I can. (At home)

PARENTING

Several of the adoptive parents talked about how their relationship with their partner had suffered, because of the child’s behaviour. Parents described how their different parenting styles had caused irritation or conflict and for some couples their relationships were not as close as they had once been. Other parents focused on how adoptive parenting was different to parenting a birth child, as one mother explained:

I’m exhausted ... you have to become an advocate, more than a parent and fight for everything. You have to fight for post adoption support, fight for CAMHS. You’re coming up against ignorance all the time and it does change you as a person ... It takes over your life ... I don’t have a social life. ... It has put a strain on our relationship and we don’t always parent the same. (At home)

Parents were asked whether they thought of themselves as the child’s mother or father, and whether they thought that the child considered them as their parents. All but one parent thought of themselves, as ‘mum’ or ‘dad’ but were less sure of how their children felt. Some

parents talked about how children used the word 'mum', but that it did not hold the same meaning, as it held for most people. Parents said:

I think he does [think of us as mum and dad] but not in a straightforward way. ... I think he might talk about us as, 'the people who brought him up' or 'the people he lived with'. (Left home)

Some parents had found ways to show the child they cared, without being too demonstrative. One parent said:

I have to parent in a way that doesn't mother her. Show her that I care in subtle ways that she can handle. When she is studying, for example, I will take up a hot drink and some cookies. It's been hard to step back from a mothering role. (At home)

Seven of the ten parents whose child still lived at home said that there had been times when they had thought that the child would have to leave the adoptive home and become a looked after child. Some disruptions had been avoided by getting the right support at the right time. In one family, the use of boarding schools had reduced tensions, and other parents highlighted their resilience and determination to keep the family together. When asked what had prevented the adoption disrupting parents said:

Support when we needed it ... we were at breaking point. (At home)

I'm bloody-minded, stubborn and I will not give in. I'm determined these children are going to make it to adulthood. (At home)

I suppose child himself ... you know that he is a good person and he's going through a bad time ... When we signed the Adoption Order it wasn't just for the good times. (At home)

At the time of the interview, three of the ten families whose child still lived at home described good communication between family members. Parenting was not easy, but families continued to share positive daily experiences. A mother explained,

She comes home from school and explodes through the door like a sort of whirlwind ... if something is unresolved at school she will bring it home ... She does talk to me about what has gone on at school. (At home)

In the other seven families, communication between the young person and his/her family was intermittent. Young people spent a lot of time outside the family home, often refused to eat meals together and shared little with their parents. However, the young people could still surprise their families by revealing the importance of their adoptive family life. For example in one family, the young person who spent most of the time out of the house had chosen to go on holiday with his parents. At the time of the interview, most of the ten parents who were finding parenting very challenging thought that the child would remain living with the family. Parents said:

Life has put things in her way. She is deeply wounded by her early experiences and if we were let her go [disrupt] then she would not stand a chance. We seem to be getting there slowly and despite all her difficulties, I love her and want to help her. (At home)

Don't give up. Battle through ... it was worth doing. We are still a family and we've come a long way. (At home)

THE FUTURE

Parents were asked to think five years ahead and to consider what family life would be like. Many of the parents were fearful for their child and were scared that without the right kind of interventions their child's difficulties would escalate. Their worst fears were that their child would be dead. Parents said:

If he doesn't get help, in prison. ... We think it's going to get worse quite quickly. (Left home)

Parents were hopeful but unsure whether their child would ever be able to live independently and said:

Hopefully, she will still be at home and she'll be working towards an independent life. ... In reality, I don't know. (At home)

I don't think she will ever settle down. When she first had a flat, we went in and laid the carpet for her. I put the curtain pole up. ... As soon as there's trouble there's us.
(Left home)

Several parents mentioned that with the right education and support in place the child's outcomes might be much better. For example, parents said:

Without good interventions and support, I think she is in danger of following in birth mother's footsteps. In the right environment she could flourish. ... It will be all down to her getting the right [secondary] school. (At home)

A few parents were despondent, as they could not see a way that might change their child's trajectory. These parents thought that the child was on a downward spiral, which they were helpless to change. As one mother said:

The way we're going now is possibly prison ... He has the capacity to get into university, but he's got a criminal record now ... dead? (Left home)

ADVICE TO OTHER ADOPTIVE PARENTS AND TO AGENCIES

Parents were asked what advice they would give to adults who might be considering adoption. Most parents highlighted the importance of having good information about the child, of going into adoption with 'eyes open' and of not expecting adoptive parenting to be the same as parenting a birth child. They advised prospective adoptive parents to think about the worst-case scenario, consider if they could manage it, and to be prepared, "*not to be loved*" by the child. Parents emphasised finding the opportunities to have positive interactions with the child. A father said:

Look for opportunities to play - that's the advice - look for as many opportunities to turn situations into play and playfulness.

Some parents highlighted the importance of having a strong marital relationship, of being resilient and of making sure that, 'any issues' had been resolved before embarking on adoption. Adopters also recommended that prospective adopters thought carefully before taking a sibling group and to be prepared to challenge assumptions. One parent commented, that in her experience the child she had adopted with 'traditional disabilities'

was far easier to parent than her other adopted child with behavioural difficulties. Several parents were very disillusioned about their contact with social workers and felt they have been deceived.

Adoptive parents also wanted easily accessible information on support services. The same difficulties of knowing where to go for help and advice were mentioned by English adoptive parents and found in surveys conducted by AUK. The lack of support was raised by every parent who was interviewed. Adoptive parents wanted support that was available and multi-disciplinary.

The whole idea of post adoption support needs to include more than just social work. It has to be expanded to include education. ... There should be training post placement. It's all very well doing training when you don't have a child in situ but you can't relate to it. (At home)

Rather than having to search around for professionals to seek support, there should be a one-stop shop, a place to go for advice. I cannot stress enough what a struggle it has been and the lack of support we have had. (At home)

SUMMARY

- Prior to adoption, most of the children were having contact with a member of their birth family. A quarter of the children had no contact with adult relatives whilst in foster care. Six children had had a final farewell meeting with their birth parents at the same time as being introduced to their adoptive parents.
- Post adoption none of the children had face-to-face contact planned. Unlike the English study of adoption disruption, many of the adoptive parents lived close to the child's birth family. Proximity may have been one of the reasons no direct contact was planned but there was also less social work support offered for contact at the start or later if contact issues arose.
- At the time of the interview, 11 children had no contact with their birth families. Many letterbox arrangements had never started and only two arrangements involved 2-way communication. Contact with grandparents had been stable and increased. Two adopters had started direct contact with birth relatives. More

parents had considered starting direct contact, but had been told that no social work support would be available. Parents concerned about social media were refused advice and support.

- Parents stated that discussions with their child about adoption were usually initiated by them. Some children showed little curiosity about their histories or wanted to block painful memories. Girls showed more interest than boys in their histories.
- Adolescents wanted more information, but parents were unsure how they had coped with details. Some children struggled to make sense of their early lives and were acutely aware that their early childhoods had not been normal. A quarter of the parents thought their child had been bullied because of their adoptive status.
- Most parents stated that despite the challenges they had faced, being an adoptive parent was wonderful experience. They recalled happy memories, of seeing their child make small improvements and of knowing their child had had a better life than if they had remained in care. Nevertheless, there had also been a negative impact on many areas of their lives. Eight parents had symptoms of anxiety; six of whom also had symptoms of depression. More parents mentioned physical complaints that they attributed to the stress of parenting. Half of the parents also thought their employment, social life and finances had also been adversely affected.
- Reflecting on the whole adoption experience, parents wished they had understood more about attachment and the parenting of maltreated and traumatised children. For parents whose child had left home, losing their child or the events surrounding the disruption were their worst experiences.
- Parents' advice to those contemplating adoption was to ensure they had a strong relationship with their partner, to go in with eyes open, obtain information on the child and to be prepared not to be loved by the child. Support from social workers and from other professionals was viewed as essential.

CHAPTER 9 : DISCUSSION AND RECOMMENDATIONS

Although the rate of post order adoption disruption in Wales is encouragingly low (Wijedasa and Selwyn, 2014), the impact on those families who live through such an experience is devastating. Whilst the vast majority of adoptions do not disrupt, a substantial minority of adoptive families live together in the most challenging and testing of circumstances (Selwyn *et al.*, 2015).

This study explored the experiences of adoptive parents living in Wales, who had experienced an adoption disruption, as well as the experiences of those parents, whose adopted child lived at home, but where family life was difficult and at risk of disruption. The 20 sets of adoptive parents were interviewed for this study because of the severe challenges they had faced. Whilst they are not typical of most adoptive families, given the consistency and the striking similarity to the accounts of parents reported in the English study of disruption, we do consider that as a group they are typical of adoptive families in difficulty.

Despite our best effort, given the time constraints and limited resources, it was simply not possible to identify a sample of young people who had experienced an adoption disruption in Wales and who were willing to be interviewed. The importance of including young people in research about them cannot be overstated. The opportunity to learn about the experience of adoption disruption from a young person's perspective would help to develop a comprehensive understanding of the mechanisms of adoption disruption - including, how and why adoptions disrupt and what might make a difference to those who live through the experience.

The chapter discusses some of the key findings from the study and sets out the recommendations to help address ways in which adoptive families might be better supported, how adoption disruption might be prevented and how situations might be better managed when disruption does occur.

The 20 children in this study had become looked after primarily because of neglect and abuse (eight children had been sexually abused) by their birth families. They were older at entry to care compared with most other adopted children and, because of their longer exposure to maltreatment, carried greater risks of poor developmental outcomes. Most children had not been removed from home until they were three years old and were not adopted until six years old. The age profile of the sample in Wales was similar to that in the English study of disruption. One difference between the two samples was that more children in Wales had experienced failed reunification attempts prior to being placed for adoption.

For most of the children in this sample, their experiences in care did not enrich their very poor early start in life. Several parents mentioned children's health conditions that had either not been diagnosed or had been left untreated in foster care. We were also concerned to hear that two children had arrived in their adoptive placement with out-of-date adoption medicals. It is surprising that such matters were not picked up by the statutory medical reviews or by the adoption panel at the time of the matching recommendations.

Sadly, it appeared that the maltreatment of children did not always end once looked after. Three sets of adoptive parents knew that their child had been abused or neglected whilst in foster care and two other parents suspected that this had been the case. As reported in the English study of adoption disruption, parents also had concerns about the quality of care their child had received. Only seven of the 20 sets of adoptive parents were satisfied with the care shown to their child whilst looked after prior to their adoptive placement. Parents described foster carers who lacked warmth and failed to stimulate the child. According to parents, some foster carers had purposefully treated the child differently to other children in the home.

It should be remembered that the concerns were expressed by adoptive parents. Foster carers were not interviewed and might have had a different perspective on the events. Nevertheless, the similar accounts from the English and Welsh studies raise serious concerns about the quality of training for foster carers who prepare children for adoption,

including their understanding of attachment theory and the misapplication of 'safe caring' policies, which led some foster carers to believe that they must avoid physical contact with the child. It is possible that carers who prepare many children for adoption develop 'compassion fatigue' and protect themselves by not getting close to children whom they know are moving on. In this study, the adoptive parents were aware of foster carers' feelings of grief and loss, but they thought that carers were expected to cope on their own, as social workers were absent or kept a very low profile during the child's transition to their adoptive home.

Separation and loss were also part of the children's experience, but again parent's accounts were of social workers who were focused on completing the task of moving the child on for adoption, and not on how children might be making sense of the events. Some children had not been prepared for the move, did not understand why they could not live with their birth family or thought of their foster carer as 'mum'. Introductions and transitions were often badly handled. Six of the children also had a final farewell meeting with their birth parents *at the same time* as they were being introduced to their new adoptive parents. The detrimental impact on the child and adoptive parents cannot be over-estimated.

Adoptive parents too, came into the process usually with a history of loss, including failed fertility treatment, miscarriages, and stillbirths. More than half of the adoptive parents (n=12) had been linked or matched with at least one other child, before being matched with the child/ren they went on to adopt. As was found in the English study of adoption disruption, the failure of these links to proceed had a profound impact on some adopters. According to parents, some LAs in Wales had a policy of taking two sets of prospective adopters to the point of matching, before choosing the parents who would proceed. This practice was damaging to those who were not selected. For some adopters, feelings of grief and loss were reawakened by the failure to be 'chosen' by the LA, and the lost opportunity to parent a child they had already started to invest in emotionally. Whilst it is imperative for social workers to ensure that the match between a child and prospective parent/s is the best possible, it is also essential to ensure that social work practice does not cause harm those involved in the process.

In many ways, this study provides evidence of the importance of the social worker's role in every aspect of adoption. It also highlights how things can go very badly wrong when social workers are absent, lack the knowledge and skills, and are not active in managing the process. In this sample of families, social worker's lack of engagement was mentioned by most parents at every stage of their adoption journey - from their initial enquiry to disruption and beyond.

Beginning with their initial enquiry to adopt, some parents reported either a complete failure to respond to their enquiry or being turned away by the LA if they did not wish to adopt a sibling group. All parents in this sample nevertheless persevered - those who had been ignored or turned away approached a different LA or a VAA. However, it is likely that many other prospective adopters were 'lost', as a result of their initial experience with the LA. In contrast, the six parents who had approached a VAA reported a sensitive and proactive response to their application to adopt.

It was noticeable that, compared with the English study on adoption disruption, the turn-over of adoption workers in Wales was much higher. Fourteen (70%) of the 20 adoptive families had experienced at least one change of adoption social worker, yet the same was true for only 33% of adoptive parents in England. Parents in Wales were frustrated by the delays this introduced into the home study and the lost opportunity to form a close and trusting relationship with a consistent social worker. Many parents thought that they had not been given all the information that was available on their child's history. Lack of accurate information was sometimes attributed to poor communication but some parents thought that the social worker had not "trusted" them enough or that it had been deliberately withheld.

It is also likely that the unstable workforce contributed to parent's accounts of social workers who were inexperienced and who lacked expertise and knowledge. The accounts from parents suggest that most of their social workers were not informed about the potential long-term impact of maltreatment and trauma and that their practice was not 'adoption' aware.

The preparation of parents who had been approved by a LA was poor: five parents were never given the opportunity to attend preparation/training groups, children already living in

the family were not always seen by social workers, and most parents felt ill prepared for the task ahead. The detailed planning described by some adoptive parents in England, that enabled a smooth transition from foster care to adoption was virtually absent in this sample. Most adoptive parents and foster carers were left to muddle through together with little or no social work support. The social work practice in VAAs was rated much more favourably by parents.

The pattern of leaving adoptive families 'to get on with it', continued once the child moved into the adoptive home. Some adopters were never visited by a social worker (although regular visits are a statutory requirement) and few received support during the first few months of the placement. Similarly, direct contact with the birth family only occurred if this could be safely achieved without any social work involvement. Parents who asked for advice or help when birth family members made contact through social media were told that support was not available.

LACK OF ADOPTION AWARENESS

There were several examples where lack of adoption awareness caused distress to children and parents. For example, one child started secondary school with her birth name on the school register, with all text books marked up accordingly. It took several weeks before teachers used the correct surname to address her. Another child's care plan stated that she would be returning to her birth family post adoption disruption, when the plan was for her to return to the adoptive family. Although we did not ask about such matters, in this small sample, four sets of parents described recording errors, that upset the adoptive family and which could have been avoided.

SUPPORT

As in previous studies of adoption, parents reported difficulty in knowing which services were available and how to access them. In contrast to the study of adoption disruption in England, adoption social workers in Wales did not usually provide therapeutic interventions directly. In England, although many families received a poor service, there were also accounts of excellent social work support using play/filial/family therapy or interventions based on the Dan Hughes model of dyadic developmental psychotherapy. In Wales, families

needing support were usually referred onto children and families teams, or to other services commissioned by the LA to provide adoption support. When asked what had been the most helpful intervention/service provided, six parents identified the therapeutic support provided by services commissioned by the LAs, whilst four parents identified a social work service within their LA (including in one instance, the disabilities team). CAMHS, Education Services, the Police and (non adoption) voluntary organisations were each reported by two parents to have been the most helpful service. One parent identified a paediatrician and another said that a private psychotherapist had provided the family with the most help.

Although, some parents received good emotional support from their adoption support worker, 13 parents identified the LA social work services as the least helpful service they had received. This included the support provided by the children and families teams. In some local authority areas, post adoption support services did not seem to exist.

It was surprising to hear that professionals (both social workers and health care workers) had told parents that their children's early experiences were of no relevance, because of the length of time the child had lived with their adoptive family. There is a body of evidence (e.g. Jaffe and Christian, 2014) demonstrating the long term consequences of early adversity (such as maltreatment or drug/alcohol misuse during pregnancy). There is an urgent need to ensure that all professionals working with adopted children, receive training to understand the impact of early adversity on children's development. For families in this sample, there was a noticeable lack of skills in many services that were provided. For some children, professional help, was not sustained because the worker lacked the skills to help children with such complex and overlapping needs. Of course there were notable exceptions, with a few parents reporting outstanding professional intervention. It may be appropriate to consider commissioning regional centres of excellence, so that expertise can be pooled and further developed, to allow for more equitable provision of good quality support to adoptive families across Wales.

CHILD TO PARENT VIOLENCE (CPV) AND ADOLESCENT TO PARENT VIOLENCE (APV)

An unexpected finding from our study of adoption disruption in England was the prevalence of children and young people's coercive controlling behaviours and violence within the

adoptive family. Parents in Wales were no less exposed to the problem, with 17 of the 20 adopters reporting CPV or APV. It was directly responsible for six of the ten disruptions.

Whilst parents of younger children in the study reported CPV, those with older children described how the violence became more frightening, as children entered their teenage years. Parents had attended parenting courses, children had been on anger management courses, and families had been in therapy, yet no parent in Wales reported professional support that had helped to reduce the violence. Parents, whose children still lived at home, feared that without targeted intervention to address the violence, the family were at risk of disruption. To complicate matters, parents described their associated embarrassment and humiliation - many felt '*blamed and shamed*' by the fact that a child was being violent in the home and it was not a matter that parents felt could easily be discussed with professionals, friends and family.

In the UK, there is a growing body of CPV related research, particularly within the criminal justice field, (see for example, Holt, 2013; Condry and Miles, 2014). European research initiatives are also underway, such as the project led by the University of Brighton, which aims to increase awareness of child to parent violence, find out how European countries deal with the problem and provide a toolkit for practitioners. Intervention programmes designed specifically to address CPV have been developed (for example, the nonviolent resistance and break4change programmes). Whilst the effectiveness of these programmes continues to be evaluated, it would be timely to assess their applicability to those families with adopted and looked after children.

The aggression shown by young children in this study did not abate as they matured. Children who cannot regulate their aggression during early childhood seem to be at the highest risk of serious violent behaviour during adolescence and beyond (Tremblay *et al.*, 2004). Factors such as exposure to domestic violence, neglect as an infant and physical abuse have been shown to increase the risk of child aggression (see for example, Holt, 2013). Given what we know about the children's early histories in this study, it is clear that as a group, they carried many risks for enduring aggression.

The effective management of childhood aggression and CPV presents a formidable challenge to those agencies tasked to support adoptive families in difficulty. Policy and

practice protocols are needed to help both identify and work in meaningful ways with families where enduring childhood aggression, CPV and APV exists.

In the main, findings from the studies in Wales and England are very similar. In both countries, the families in difficulty had late placed children, whose early years were marked by abuse and neglect whilst living with birth family. Once removed, adoptive parents said that many children had not received good quality foster care, which did not allow for children to start the process of recovery. In fact, further neglect and/or abuse in care was sometimes reported. In Wales, more children had experienced a failed reunification with birth family, which in some instances was said by adoptive parents to have had a devastating impact on their child.

In both countries, many adoptive parents said that they had endured child to parent or adolescent to parent violence and that professional support in dealing with this was not forthcoming. CPV and APV featured heavily in the majority of families who had experienced a disruption.

The adoption disruption left most families reeling, although for some parents there was also huge sense relief. Parents were further pained by not being included in decisions about the care of their 'looked after' child. Two families in Wales went on to face a second adoption disruption. The vulnerability of children led to some young being abused again post disruption. In comparison with the English study, more parents in Wales thought initially, that the move out of home would be a temporary arrangement.

The paucity of social work support was more evident in Wales. Parents commented on the instability of the workforce, the inexperience of staff and the lack of available resources. Adoption social workers in Wales rarely worked with families, other than by way of providing emotional support and referring families on to other services. The services commissioned by the LAs were generally valued by parents, although not enough of the support was forthcoming. In the main, the interventions provided by children and families team social workers were considered woefully inadequate. According to parents, CAMHS did not perform much, if any, better. Parents were concerned about the lack of knowledge shown by professionals across disciplines in adoption related matters.

The recently launched National Adoption Service (NAS), aims to transform the way in which adoption services are provided in Wales. Having created five regional collaboratives across the county, it is anticipated that the service will promote joint working and create more efficient use of resources. Rightly so, much has been made of the way in which the NAS intends to better serve prospective adopters, speed up the adoption process and leave fewer children drifting in care. However, similar levels of interest and investment are needed post placement. There is an urgent need for investment in support services. Our research has shown that adolescence is the period where families struggle and are most at risk of disruption. Yet services are sadly lacking. Struggling adoptive families deserve timely, informed and compassionate support when they need it. The new NAS needs to: recognise the complex histories of the children who are placed for adoption, enable adoptive parents to be active participants in the process supported by skilled social workers, provide services that recognise the long-term impacts of abuse and neglect, and build an adoption service that is fit for the 21st century.

RECOMMENDATIONS

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

Strategic

- Issue guidance on protocols to ensure that adoptive families always know which adoption agency is responsible for the provision of adoption support, and when changes in responsibility do occur, to ensure that families are informed in a timely manner.
- Require adoption agencies to demonstrate that adoptive families know about and have access to support services.
- Require receiving local authorities to send a letter introducing their adoption service and a newsletter containing contact details and information on support services available.
- Support the development of an on-line national database of adoption support services, including evidence-based practices, to support adoptive families. Adoptive parents and professionals found it very difficult to know which adoption support services were available.
- Develop best practice guidelines in relation to life storybooks and later life letters.
- Update the tools used to assess families who request adoption support.
- Encourage development of interventions that focus on improving the child/parent relationship and whole family interventions. Promote good practice and innovation in post-adoption services, and support implementation.
- Support the evaluation of programmes intended to address CPV/APV, such as Non Violent Resistance (NVR) and Break4Change with looked after and adopted children.
- Require CAMHS to provide a comprehensive mental health service for children and adolescents.
- Increase the coverage and availability of Tier 4 CAMHS (with an adoption specialism) and/or create regional hubs of expertise for families with a high level of need.

Operational

- Improve training, supervision and support for both foster carers and family placement workers in relation to their role 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.⁶
- Improve training on how to identify and work with children who are avoidant and resistant to 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. Teachers need to be better informed about adoption, the risks of bullying and to be more aware of the impact of teaching activities which focus on the family.
- Raise professional awareness of CPV/APV in adoptive families. Social workers and other professionals working with adoptive families need training on this issue.
- Provide needs-led rather than service-led interventions. Too often, parents and children got what was available in-house and not what was needed.
- Develop specialist services to be delivered by multidisciplinary 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

⁶ See Leve *et al.*, (2012)

from activity based organisations. Innovative ways of providing respite 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 guidance⁷ 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 is that most children do not 'grow out of it', if children have not learnt some self control by the age of five years old.
- Include questions about CPV/APV in all assessments for post adoption support services. Information may not be volunteered because of the shame and the stigma felt by families.
- Social workers need to work with children's ambivalence, ensure children understand why they cannot live with their birth parents, and prepare them for

⁷ 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*

placement. Adoption is a process not an outcome and children need to be helped to understand what is happening in their life.

- Provide comprehensive and explicit information to adoptive parents with truthful information about the child. Adoptive parents need assistance to understand the information they are given, and the current and 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.
- Ensure that foster carers and children are supported during the child's transition between foster care and the adoptive placement. Separation, grief and loss need to be recognised by social workers and responded to appropriately.
- Give due consideration to the timing of 'good-bye' meetings between children and their birth family, with a view to ensuring that meetings take place before introductions to adoptive parents commence.
- 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.
- 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:

- Young people's views. Few studies have been able to include adopted young people's own views. There is an urgent need to fund research that specifically examines child and young people's perspectives.
- 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.
- 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/APV interventions with adoptive families.
- 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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Assessment Checklist for Adolescents short form (Tarren-Sweeney 2007; 2014)

www.childpsych.org.uk The ACA was designed to measure a range of mental health difficulties observed among children in care and for those subsequently adopted from care that are not adequately measured by standard rating instruments, such as the Child Behaviour Checklist (CBCL), the Strengths and Difficulties Questionnaire (SDQ) and the Conners scales. These difficulties consist of a number of attachment-related difficulties (indiscriminate, non-reciprocal and pseudo-mature types), insecure relating, trauma-related anxiety, abnormal responses to pain, over-eating and related food maintenance behaviours, sexual behaviour problems, self-injury and suicidal behaviours. The short form (37 items) used in this study excludes items related to self-esteem and suicidal behaviours. The following description of the ACA is adapted from Tarren-Sweeney (2014).

Sub-scale I: Non-reciprocal behaviours covers emotionally withdrawn, avoidant, and non-reciprocal social behaviours, with high scores being suggestive of a severely avoidant-insecure attachment style and/or the inhibited form of reactive attachment disorder. *The items are: does not show affection; hides feelings; refuses to talk; resists being comforted when hurt; seems alone in the world (not connected people or places); withdrawn.*

Sub-scale II: Social instability covers a combination of unstable, attachment-associated difficulties in social relatedness and behavioural dysregulation, including pseudo-mature and indiscriminate social relating. *The items are: craves affection; impulsive (acts rashly, without thinking); precocious (talks or behaves like an adult); prefers to be with adults rather than peers; prefers to mix with older youths; relates to strangers as if they were family; too friendly with strangers; tries to hard to please other young people.*

Sub-scale III: Emotional dysregulation/distorted social cognition covers a pattern of highly dysregulated emotion and affective instability, coupled with distorted social cognition (negative attributions, paranoid beliefs). *The items are: says friends are against him/her; starts easily ('jumpy'); can't get scary thoughts or images out of his her head (not due to watching a scary movie); extreme reactions to losing a friend, or being excluded; intense reaction to criticism; says his/her life is not worth living; uncontrollable rage.*

Sub-scale IV: Dissociation/Trauma Symptoms measures a pattern of trauma-related dissociation and anxiety symptoms. *The items are: appears dazed, 'spaced out' (like in a trance); can't tell if an experience is real or a dream; feels like things, people or events aren't real; has panic attacks; has periods of amnesia (e.g. has no memory of what happened in the last hour); hits head, head-banging.*

Sub-Scale V: Food Maintenance Syndrome- measures a pattern of excessive eating and food acquisition that appears to be primarily triggered by acute stress. *The items are: Eats secretly (e.g. in the middle of the night); eats too much; gorges food; hides or stores food; steals food.*

Sub-Scale VI: Sexual Behaviour measures age-inappropriate sexual behavior. *The items are: forces or pressures other youth or children into sexual acts; inappropriately shows genitals to others (in person or through video or photo); seems overly preoccupied with sex (e.g. crude sexual talk, inappropriate sexual comments); sexual behaviour not appropriate for age; tries to involve others in sexual behaviour.*

Hospital Anxiety and Depression Scale (HADS) (Zigmond and Snaith 1983): 14 items

The HADS is an adult measure with 14 items that ask a person to reflect on their mood in the past week. Seven items assess depression, five of which are markers for anhedonia (an inability to experience pleasure), and two concern appearance and feelings of slowing down. Seven items assess anxiety, of which two assess autonomic anxiety (panic and butterflies in the stomach), and the remaining five assess tension and restlessness. Bjelland and colleagues review reported that 8/9 for both anxiety and depression scales represented the optimal cutting point and 11/12 indicates severe. (6, p71). A major attraction of the HADS is that it was designed for use with clinical populations, so it excludes items that might reflect physical illness.

The Strengths and Difficulties Questionnaire (Goodman 1997): 25 items The SDQ is a brief behavioural screening questionnaire about 3-17 year olds. It has 25 items divided into 5 scales 1) emotions 2) conduct 3) hyperactivity/inattention, 4) peer relationship problems and 5) pro-social behaviour. Further information can be found at www.sdqinfo.com