

Y Pwyllgor Plant a Phobl Ifanc

Lleoliad:
Ystafell Bwyllgora 1 – Y Senedd

Dyddiad:
Dydd Mercher, 9 Mai 2012

Amser:
09:15

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



I gael rhagor o wybodaeth, cysylltwch â:

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Agenda

1. Cyflwyniad, ymddiheuriadau a dirprwyon (09:15)

2. Bil Safonau a Threfniadaeth Ysgolion (Cymru): Cyfnod 1 – Sesiwn dystiolaeth 1 (09:15 – 10:30)

Y Gweinidog Addysg a Sgiliau

Leighton Andrews AC

(Egwyl 10:30 – 10:45)

3. Ymchwiliad i fabwysiadu: Sesiwn dystiolaeth 1 (10:45 – 11:45)

(Tudalennau 1 – 84)

Adoption UK

Ann Bell – Rheolwr Datblygu, Adoption UK

BAFF Cymru

Wendy Kiedan – Cyfarwyddwr, BAFF Cymru

Maureen Ingham – Rheolwr Contract IRM, Cydlynnydd SWAAC, Ymgynghorydd BAAF

4. Bil Gwasanaethau Cymdeithasol (Cymru) Dogfen ymgynghori: Briff technegol (11:45 – 12:30)

<http://cymru.gov.uk/consultations/healthsocialcare/bill/?lang=cy>

Eitem 3

Cefnogi Teuluoedd sy'n Mabwysiadu
adoption uk
supporting adoptive families

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

February 2012

Ann Bell (Development manager for Wales)



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What is Adoption UK?

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

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

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

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

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

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

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

Research and consultation with adoptive families.

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

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

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

Response to the Questions

Core concepts

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

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

Prospective adopters need a consistently good response across Wales.

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

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

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

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

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

Needed: A single national recruitment campaign

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

Needed: Independent, non-judgemental counselling sessions.

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

Needed: A quick response and effective assessment.

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

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

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

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

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

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

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

Needed: Better Financial Support

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

Needed: National minimum adoption allowances.

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

Needed: Better transfer between foster and adoption placements.

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

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

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

Needed: Early intervention and prevention.

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

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

Needed: Support for families who are struggling.

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

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

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

Needed: Adoption- aware support for families in crisis

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

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

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

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

Adopted Children need access to therapy and life story work

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

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

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

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

Needed: therapeutic services for children and young people.

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

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

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

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

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

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

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

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

Needed: Better adoption awareness in schools

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

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

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

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

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

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

Needed: better ongoing support for birth parents post adoption

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

Conclusion

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

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

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

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

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

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

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

Response to Social Services (Wales) Bill.

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Response to Consultation Questions

General Comments

For Adoption UK and the families we represent, the concern is less about whether a service is delivered locally or nationally and more about whether there is equality of service and whether there is adequate ongoing support for adopted children and their parents in the hugely rewarding but sometimes challenging task of parenting children who have suffered from early trauma and neglect.

Current experience tells us that it is very much down to luck whether the adoption social worker has the skills and experience needed to provide a good service or whether the adoption agency has a good training programme or good post adoption support services. Hopefully by moving some functions to a national service this situation will improve.

HOWEVER:

Currently some of the best practice resides within the voluntary sector and it is important that this isn't lost in any move to a National Service. Rather the voluntary sector should be engaged as a full partner in any new system and good practise build on where ever it exists.

88. Functions that a National Adoption Service would be responsible for.

Yes we agree with the functions set out in paragraph bb. With the following comments and additions:

Providing National leadership and overview of adoption services.

If well managed, it could lead to improved services and outcomes for adopted children. Important to find a mechanism which avoids adoption agencies arguing over which one has put in the most resources and which should get the most parents out of the service – this is all too often what happens with the existing Adoption Consortia! Considerable expertise around adoption resides in the voluntary sector and it is important that this isn't lost when a new structure is developed. St. David's in particular has an outstanding reputation amongst adoptive parents for the way it recruits, trains and supports adopters and this knowledge must be protected and built on if we are to achieve the best possible outcomes for adopted children.

Recruitment, Training and Assessment of adopters.

Consideration should be given to separating out the training and preparation of adopters from their assessment. Currently prospective adopters may feel inhibited about asking questions about adopted children and their needs, and their ability to meet those needs as they are at the same time trying to convince social workers that they can do it successfully.

The idea of an initial information gathering period which is adopter led and supported by social workers and others, with information and training sessions being offered by a range of organisations, followed by a more intensive assessment period led by social workers has much to recommend it.

We feel that prospective adopters come to the process with very different knowledge about adoption and will need different approaches. For example some will already be the foster carers of the children they wish to adopt. Others will have come to adoption as a second best – as a result of failed fertility treatment etc. So whilst there needs to be a reduction in the delay currently experienced by some prospective adopters, the idea of attaching some kind of fixed times scales is not felt to be helpful. Once approved, prospective adopters should immediately go onto a national register and be available for linking.

It is agreed that centralising the provision of adoption services should allow social workers to develop greater expertise in assessing, training, matching and supporting adopters.

Framework for adoption approval (including panels)

The ability to have dual registration of foster carers and adopters would offer a speedier path to permanency for those children whose adoption is the likely outcome but where foster care is initially the appropriate placement.

Promotion of adoption and building capacity in terms of prospective adopters and specialist workforce skills

We believe that the recruitment of adopters needs to be more closely aligned to other recruitment in terms of equal opportunities. We believe that there are a number of potentially good adoptive parents who are being discriminated against currently on the basis of disability, ethnicity or sexuality. We believe that the creation of a national service would make it easier to ensure that assessment of adopters is a more equitable experience focused only on the ability to be good parents to children who have experienced early trauma and neglect.

It must be recognised that as adoption is promoted more widely there will be an increasing number of people applying who do not have the skills, resilience or support networks necessary to adopt a child who has suffered from early trauma or neglect and that it will take time to identify those applicants and to counsel them out of the system with sensitivity to their situations. Adoption UK does not believe that fixed time scales for completing assessments as suggested in England is a helpful way to go forward.

Commissioning of an adoption support service.

Adoption support needs to happen at both a national and a local level. Every adoptive family needs to be encouraged to stay in touch with a network of other adoptive families so that they can be aware of issues that may arise and be equipped to handle them. Advice and support will often be most easily accepted if it comes from other adopters who have 'been there and done it themselves'. Thus there needs to be a network of support groups and an ongoing programme of training for adopters that they can access easily when they need it. It may be worth considering some kind of 'adoption support voucher' as a tangible sign of support which adoptive parents could exchange for training as and when they need it. Similarly buddying up adopters with more experienced adopters and providing a national helpline to provide information and signposting to adopters should be national functions.

Adopters also need financial support to allow them to reduce their working time in order to spend more time bonding with and supporting their adopted children. Some of these changes need to happen at a UK wide level for example parity between adoption pay and leave and maternity pay and leave. Adoption allowances are currently within the gift of local agencies and the value of allowances and who it is awarded to varies from agency to agency. The provision of a national minimum adoption allowance for all families and guidance about who should be eligible for ongoing allowances should be agreed at a national level.

Families who are at risk of breaking down will usually be assessed by the local authority intake team in the same way as any other family where there is a 'children in need' or 'child protection' referral. However, these teams may have little or no knowledge about adoption. With the proposal to separate out the functions to a national service this is likely to be even more of a concern. The working model of child protection and children in need systems is one of current dysfunctional parenting. It is essential that any children in need or child protection investigation is carried out by social workers who understand that children carry with them the patterns of earlier abuse and neglect and that these may become confused in their minds with events in their current family. Assessments of adoptive families should therefore include the input from either an adoption social worker from the national service or input from a peer support organisation such as Adoption UK.

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

Psychology and CAMHS need to be adjusted to give priority to adopted children in the same way as currently happens for LAC.

89) Do you suggest any additional functions that should be added?

There needs to be national support for adopted adults who are wishing to be reunited with their birth families. There is currently a requirement to provide both information about and counselling around their family of origin and it is important that this is still available in any new system. Again there is considerable expertise for this in the voluntary sector and some of the intermediary work done by After Adoption and other agencies is excellent but currently only available to people living in those local authorities who have a contract with those organisations.

Post adoption support for birth parents whose children have been adopted and arrangements for supporting and promoting letterbox or direct contact need to be considered and provided for in any new arrangements, with clarity about who needs to provide the service and what the expected standards for the service are. Adopted children are increasingly making contact with their birth families through social networking and so it is increasingly important that they have access to high quality and sensitively delivered life story work.

90) Are there any barriers to the current arrangements that should be considered in the development of the Social Services (Wales) bill

Prioritising adopted children in national legislation so that they have the same access to services as Looked After Children, would be a relatively simple way to make a significant difference to outcomes. This should include access to school places (as happens in England) access to the Educational Psychological services and CAMHS. The Looked After Children's Education coordinator in each local authority and the designated person in school who is already responsible for LAC should also be responsible for adopted children in school.

Support needs of adoptive families in Wales



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Executive summary

Being a parent is a big job, being an adoptive parent is an even bigger job. The average age of children currently adopted in Wales is three years and ten months and the majority of the children adopted will have experienced some kind of neglect or abuse which resulted in their original entry into the public care system.

Adoptive parents may have had little previous experience of parenting and will have to jump in at the deep end by becoming the full-time parent of one or more children. Not babies, who are sleeping a lot, but active toddlers or older children who may never have experienced good parenting and who have little trust that family life is a permanent situation.

These new family units are inevitably fragile at first and will need support. The parents will need to learn how to love and nurture a child (or children) who has endured emotional pain and rejection, whilst the children will need to learn to trust adults to be reliable, nurturing and protective.

Legislation and guidance regarding adoption support has increased over the last decade and is now becoming part of established practice across Wales. However, it is clear from the findings described in this report, that whilst adoptive families have particular needs in respect of educational and therapeutic services, these are not consistently available and that much needs to be done to improve accessibility, knowledge, processes and resources available to support these new and fragile families.

Adoption UK is concerned at the number of adoptive placements which break down, the children returning into care) across the UK. It has been estimated that one fifth of adoptive placements across England and Wales break down before an Adoption Order is granted (Ivaldi 1999) with the children returning to the care system. This figure will inevitably be higher when the whole childhood of adoption is considered (Rushton and Dance 2004, Selwyn 2006). Collecting the information about individual disruptions or breakdowns in Wales, reviewing it and then learning from it are vital steps in improving the outcomes of adoption. A number of other recommendations for improving the access to, and the quality of support to adoptive families are discussed in the body of the report.

Summary of recommendations

Monitoring disruption

RECOMMENDATION 1 – The Welsh Assembly Government should work with Adoption Agencies in Wales to track and record the disruption and family breakdown rates for children placed for adoption from the care system, using this as a key indicator of adoption outcomes.

Assessment

RECOMMENDATION 2 – Adoptive families should be made aware of their ongoing entitlement to an assessment of support need whenever they feel it would be helpful. This information should be given clearly during the preparation course and they should be reminded of it when families make contact with the department after the Adoption Order is granted.

RECOMMENDATION 3 – Local protocols should be developed for the assessment of adoptive families based on the presumption that adoptive parents will in most cases be an equal partner in deciding what support is necessary and how that support will be delivered.

RECOMMENDATION 4 – Further training should be provided to all professionals (health and social services) highlighting current research and knowledge regarding the treatment of early trauma and neglect as well as the impact of attachment disorders on child development and behaviour.

Education

RECOMMENDATION 5 – Funding should be made available to develop a booklet for adoptive parents to give to school staff in Wales highlighting the particular needs of adopted children. Such booklets have been produced in England and there is a need for specifically Welsh booklet encompassing the Welsh educational system and language.

RECOMMENDATION 6 – Training on attachment disorders and the effects of early trauma on children within the school system should be incorporated within initial teacher training qualifications, as well as being part of the continuing professional development of teachers, school counsellors and other school based staff.

RECOMMENDATION 7 – The Looked After Children’s Education Co-ordinator in each local authority and the designated person in each school should also be given a remit for adopted children. Training in attachment and early trauma issues should be given to people in those roles. This would provide adoptive parents with a single point of contact in each school.

RECOMMENDATION 8 – School inspections should include consideration of provision made for both looked after and adopted children in schools.

CAMHS

RECOMMENDATION 9 – Adopted children should be given the same access to CAMHS as looked after children given that their needs are linked.

RECOMMENDATION 10 – That the Welsh Assembly Government organise a conference to bring together all professionals involved in therapeutic work related to permanency support provision (CAMHS staff and social workers from fostering and adoption teams). The aim of the conference would be to raise awareness regarding the patterns of needs as well as the particular needs of the looked after and adopted population of young people, to highlight relevant and recent research of their therapeutic needs and effective in treatments so that procedures maybe developed in Wales to improve multi-agency adoption support responses.

RECOMMENDATION 11 – A specialist project should be developed in Wales, along the lines of Family Futures in England, which would bring together the expertise of CAMHS, independent therapists, social workers and educationalists to provide a specialist service for children with severe problems derived from poor attachment and early trauma and neglect.

RECOMMENDATION 12 – Resources and support services should be developed with the expectation that some adopted children and their families will need life-long support and therapy from placement through to adulthood.

Context

Introduction

This report explores key issues relating to adoption support. It specifically focuses on support after the adoption order is made by the court. The issues identified in this report build on two recent surveys conducted in Wales and links them to the extensive adoption experiences of members of Adoption UK, the leading parent-to-parent support charity.

Both surveys were conducted within the past 12 months. The first survey asked adopters for their views regarding accessing adoption support services, in particular those relating to education and therapeutic services through the assessment process. The second survey collated the views of Adoption Support Services Advisors [ASSA] working in Wales.

The report is intended to inform the policy and operational agenda of adoption support provision in Wales as well as to provide information for those needing to access adoption support provision. The responses to the surveys and the ongoing experiences coming from Adoption UK helplines and website make clear that much needs to be done to improve the accessibility, knowledge, processes and resources available for those challenged and troubled by their adoption experience.

Supporting vulnerable children and achieving permanency in Wales

Vulnerable children are one of the Assembly Government's key areas of concern. The Legislative Competence Order 2008 relating to Vulnerable Children and Child Poverty conferred new legislative powers and wide ranging responsibilities to Welsh Ministers to safeguard, promote and secure the wellbeing of all children and young people, including those who may be vulnerable – particularly those in need: children who are looked after, and care leavers.

The Welsh Assembly Government has sought to develop a distinct approach which responds to Welsh circumstances and the needs of children in Wales. These children who become looked after, and who are not then able to return to their birth families, are some of the most vulnerable children in Wales. A growing number of these children are being adopted. They and their adoptive families are the focus of this report.

Recent Adoption Legislation and Guidance

At the end of 2005 the adoption system faced the biggest change in 30 years when the Adoption and Children Act 2002 [2002 Act] replaced the Adoption Act 1976. It has taken time for the 2002 Act and the accompanying guidance and inspection framework to be fully implemented. The Children and Young Persons Committee of the National Assembly for Wales has recently undertaken an Inquiry into the Placement of children in care and is due to publish its report imminently. Furthermore, the Welsh Assembly Government has recently set up an Adoption and Fostering Task Group with a remit for developing evidence-based policy for fostering and adoption. This report seeks to inform this debate and influence policy in relation to adoption support processes and provision.

Adoption Trends

The number of children being taken into local authority care in Wales has been rising in recent years.

Children	Looked after	Adopted
March 2008	3000	212
March 2009	4704	256

This 20 per cent increase is significant when linked to the implications for the demand for resources as the number of looked after children is expected to rise in coming years. What is also clear is that this demand not only relates to the increase in quantity but potentially to that of quality, as the complexity of needs presented by those adopted children who have come through the public care system increases as a result of significant trauma and family breakdown.

Adoption UK

Adoption UK started in 1971 as an adopter-led organisation and is unique in having nearly 40 years of first-hand, personal experience of life in adoptive families. Adoption UK has been instrumental in taking an evidence-based approach to discovering 'what works' in supporting adoptive placements. Adoption UK is concerned at the number of adoptive placements which break down across the UK. In Wales (as in other parts of the UK) there appears to be no national systematic collation of the numbers of disruptions, nor learning from the findings from disruption reviews. It has been estimated that one fifth of adoptive placements across England and Wales break down before an adoption order is granted (Ivaldi 1999) with the children returning to the care system. This figure will inevitably be higher when the whole childhood of adoption is considered (Rushton and Dance 2004; Selwyn 2006).

Adoption UK recognizes that whilst adoption provides a positive outcome for most adopted children, it is not a magic wand. Many adopted children will carry the scars of their early experiences with them for the rest of their lives and adoptive families may need ongoing support until, or even after, the child reaches adulthood.

Adoption UK believes that it is crucial that adoptive parents are involved as full partners in the assessment for and provision of adoption support. It also believes that the concept of 'reparenting' or 'therapeutic parenting' of adopted children needs to be accepted and underpinned by the legislation and guidance which directs the work of Adoption Agencies and Support Agencies.

Evidence

First survey: Towards the end of 2009, Adoption UK, working in Wales, undertook a survey of adoptive parents to explore the effectiveness of the existing legislation and guidance in terms of enabling adoptive families to access the support services they need.

Responses were obtained from sixty-eight families across Wales, this included 117 adopted children.

Second survey: early in 2010, the All Wales Adoption Support Service Advisors Group (ASSA) surveyed adoption agencies across Wales to explore the range of support services being delivered and what the ASSAs saw as the main challenges for supporting adoptive families. Sixteen out of twenty-two Local Authority Adoption Agencies responded to the survey as well as one of the two independent adoption agencies which operate in Wales.

Data was also collated from the helpline run by Adoption UK.

Published studies

All children who are adopted will have experienced some form of loss or trauma through being separated from their birth families. Many adopted children will have experienced further loss and trauma through their early experiences of abuse or neglect within their birth family, which may have been compounded by numerous moves within the public care system (Randall 2009).

Research into the neurobiological development of infants suggests that both pre and post-natal negative experiences can have a lasting impact on the developing infant brain (Glaser 2000, De Bellis 2005). This early trauma will lead to significant emotional, behavioural, educational or developmental difficulties. These difficulties will in turn affect the children's abilities to form secure attachments with their new parents; the essential attachments required for healing and subsequently taking full advantage of their new family for life (Howe 2006).

Outcomes for children in adoptive placements are generally better than for those who remain in public care over a long period of time. However, it has also been estimated that one in five adoptive placements disrupt before the adoption order is granted (Ivaldi 2000) and this figure is much higher when considering the number of adoptive families that break down before the children reach adulthood; taking all disruptions and family breakdowns together, this is estimated from studies in England to be about one in three (Selwyn 2006 and Rushton and Dance 2004). There has been little systematic enquiry into the causes of family breakdowns and this information is not nationally collated in Wales.

RECOMMENDATION 1 – That the Welsh Assembly Government should work with Adoption Agencies in Wales to track and record the disruption and family breakdown rates for children placed for adoption from the care system, using this as a key indicator of adoption outcomes.

Making sense of adoption support

Support in adoption is complex. The relationship between the legal requirement to provide adoption support and the privacy of the adoptive parents presents policy and operational challenges. Some of these are explored below. Linked to the sections below are recommendations which are intended to inform the Wales policy and operational developments.

The ASSA role

The Adoption Support Services Adviser's role is a statutory one under the 2002 Act. Each local authority is required to appoint at least one person to carry out a number of functions. One of those functions is to give advice, information and assistance to the local authority regarding:

- the assessment of needs for adoption support services
- the formulation of adoption support plans
- liaising with other local authority ASSAs where children are being placed outside the local authority area.

Thus the ASSA role contains a strategic function in ensuring that post-adoption support is available and an operational role in identifying the support needs of individual adoptive families.

The Wales ASSA survey found that many Advisers feel isolated in their role and do not feel that there is effective multi-agency engagement regarding adoption support provision. The survey also found that nearly half of the Adoption Agencies in Wales do not have a dedicated budget for adoption support.

Assessment

The additional level of need of adopted children was recognised in the Adoption Support Services Regulations for England and Wales 2005, which impose a legal duty on local authorities to assess the support needs of adoptive families with whom they propose to place children. Adoptive families have a legal right to further assessments at any time after the adoption order is granted until the adopted person reaches 18 years of age. In 2005, the Welsh Assembly Government and the DfES jointly produced Practice Guidance on assessing the support needs of adoptive families. The assessment is based on the 'Framework of Assessment of Children in Need and their Families' and recommends the adoptive child is seen as a member of the adoptive family as well as considering the legacy from their birth families.

The findings from the survey of both adoptive parents and of adoption support professionals shows that the right to request an assessment is proving a useful legislative tool by which adoptive families and professionals can explore the support needs of the family.

Three serious problems present themselves. First, there is a lack of knowledge about this right amongst adoptive parents. Less than half of the adoptive parents surveyed knew of this entitlement. Secondly, professionals were not clear about who should be carrying out the assessments and there was concern that families would not necessarily meet the general threshold for receiving services when they were assessed by the child and family intake teams. Thirdly, it was also clear from survey responses that local authorities have varying levels of expertise in relation to adoption and the issues presented by traumatised children.

RECOMMENDATION 2 – That adoptive families are made aware of their ongoing entitlement to an assessment of support need whenever they feel it would be helpful. This information should be given clearly during the preparation course and they should be reminded of it when families make contact with the department after the Adoption Order is granted.

RECOMMENDATION 3 – That local protocols are developed for the assessment of adoptive families based on the presumption that adoptive parents will in most cases be an equal partner in deciding what support is necessary and how that support will be delivered.

RECOMMENDATION 4 – That further training is provided to all professionals (health and social services) highlighting current research and knowledge regarding the treatment of early trauma and neglect as well as the impact of attachment disorders on child development and behaviour.

Education

Of the 108 children of school age, who were reported on in the survey of adoptive families, 12 per cent had a Statement of Special Educational Needs and a further 6 per cent were in the process of obtaining a statement. This higher than average incidence of special educational needs is in line with research which suggests that looked-after children and adopted children do significantly worse on measures of educational outcomes in comparison to the general population (Biehal 2009).

The majority of adoptive parents surveyed said that they had made school staff aware that their child was adopted and had some discussions at the beginning of the school year about the implications of this for their child. The school responses varied, from the dismissive:

“They didn’t seem very interested and rejected all offers of literature or leaflets, the reception teacher said “ oh I prefer to take a child as they are, I don’t want any information that may alter my opinion.”

to the constructive;

“The school has been very supportive and made us and our children feel comfortable. We have good on-going discussions with the headmaster, SENCO and class teachers concerning our children’s needs and behaviour ... I have given literature on adoption and FAD attachment issues etc. to each form teacher at the beginning of each year. We always ask for a special meeting with the new form teacher.”

The vast majority of parents (90 per cent) said it would have been helpful to have a booklet to give to staff at the school to explain why they needed to be sensitive to the special needs of adopted children in their classrooms.

RECOMMENDATION 5 – that funding be provided for Adoption UK to develop a booklet for adoptive parents to give to school staff in Wales highlighting the particular needs of adopted children. Such booklets have been produced in England and there is a specific need a Welsh booklet encompassing the Welsh educational system and language .

RECOMMENDATION 6 – that training on attachment disorders and the effects of early trauma on children within the school system be incorporated within initial teacher training qualifications, as well as being part of the continuing professional development of teachers, school counsellors and other school based staff.

Further themes in the survey responses were:

- Where school staff have some personal experience of adoption the response is more sensitive and appropriate.
- Children who have experienced early trauma have a mismatch with their chronological age and their emotional and developmental stage. This means they experience challenges in managing the social parts of school life. Schools often report difficulties in managing these children at break times and lunch times when they are left more to their own devices to play. In such an unstructured environment they may require more individual support to help them engage appropriately with the activities and with children around them.

“My daughter is experiencing friendship difficulties, reporting being on her own a lot at playtime (although she is a very sociable child generally). She has no best friend or close group of friends, and is constantly coming back from school reporting that people have been unfair, mean and told her to go away, stop talking etc”

- The willingness on the part of school staff to work alongside parents to ensure effective communications between the school and home. This may include some form of behaviour chart which focuses on similar issues at home and in school, regular meetings to discuss progress and advance warnings about school projects which might be difficult for children who have both birth and adoptive families.

“I have a strong and effective working relationships with both the Head of the Junior school and my son’s form teacher in his secondary school. In order to provide consistency and to maintain what worked well in primary school, they have both – in a recent meeting with me – proposed that I continue with a weekly chart between home and school and the teacher looks at it every Friday and comments/praises achievements. We support and work together on consequences and rewards”

- Willingness on the part of the school to provide someone in school to be an ‘attachment figure’ for the child whose attachment development is fragile. This is common in nursery and reception classes but not for older children.

RECOMMENDATION 7 – That the Looked After Children’s Education Coordinator in each local authority and the designated person in each school is also given a remit for adopted children. Training in attachment and early trauma issues should be given to people in those roles. This would provide adoptive parents with a single point of contact in each school.

- Awareness of diversity of family backgrounds and life stories. Most nursery and reception classes study a topic about families and early childhood which will include asking for photos of children as babies and discussions about their history. This is potentially a positive opportunity for considering diversity and equality issues but when poorly managed can result in hurtful experiences for children whose family life or background does not match the idealised version that is presented.

“Year 2 family tree time, they even sent home a blank family tree which my daughter had to fill in. It was headed Mum and Dad – I am a single parent adopter!”

“In reception class the teacher insisted on asking for baby photographs despite me informing them at the start of the year that we did not have any. I will always remember my daughter coming home crying and saying that all the babies on the wall were loved. They kept the photos up for six weeks even after I went in to tell them this. The response was ‘she’ll have to get used to it’”

It is an area where a sensitive school or class teacher will ensure that diversity is part of the package and an assumed ‘norm’ for family structure is not imposed on children.

“Good practice: The school prepared a lesson on the diversity of families and the nature of the adoption process – taught by a teacher with adopted children. End result – all the children claim to have been adopted!! It’s chic!”

“The first project in reception and nursery was ‘all about me’. I had a quick chat with the teachers to explain that my child might not give conventional answers and they were happy for me to use the project to help him talk about adoption. The teachers were sympathetic and asked informed questions”

RECOMMENDATION 7 - That school inspections include consideration of provision made for both looked after and adopted children in schools.

Family Support

This section covers provision provided for both adopted and non-adopted children and presents some difficult issues for both service providers and practice guidance. It is acknowledged that the numbers requiring adoption support through the Family Support provision will be small in number but is equally relevant and significant.

Mental Health Needs

Adopted children, in common with looked-after children, are likely to have a higher than average incidence of mental health needs. A variety of behavioural problems have been identified including conduct disorders and other behavioural difficulties, emotional problems and educational difficulties (Sempick, et al 2008). These difficulties are likely to have neuro-biological underpinnings (Glaser, 2000; De Bellis, 2005) and be linked to inconsistent caregiving, neglect and maltreatment which may be traumatic with resultant attachment problems (Dozier, 2001; Howe, 2006).

Both surveys highlight that access to specialised therapeutic services is an essential support which adoptees may need at various points in their lives; however the present provision is currently very limited. Much of the specialist support is provided by the independent sector and is only available in certain areas of Wales. Almost 34 per cent of families responding to the survey said that they had accessed at least one therapeutic service for their children (23 in total from across Wales); the most common referral was through the Children and Adolescent Mental Health service, (CAMHS)

CAMH Services

The impact of receiving a service from the CAMHS team, as experienced by adoptive parents, varied from area to area. Some positive experiences ...

“CAMHS very accessible but under resourced.”

“We had two CAMHS sessions that were very helpful and have an open gate now.”

And some less positive;

“Our daughter was referred to CAMHS some months after placement, due to difficulties we were experiencing with persistent behaviours she was displaying. However, my daughter was only seen once by the CAMHS worker – all the other appointments I attended on my own. The sessions centered around my feelings and expectations of adoption. I felt that I was the one who had been referred. Some basic parenting tips were given but there seemed little awareness of the realities of daily life with a very traumatised child, the incredible strain that the entire family (birth children included) were living under”

“We had two sessions with CAMHS when my son was four years old as he ‘shut down’ at school to such a degree the school thought he was special needs ... he was the worst case they had ever seen! He was terrified of school, and the fear of being abandoned. We consulted CAMHS twice – the second time they discharged us as they said that their remit was not educational!”

The need to meet local criteria in order to qualify for a service from CAMHS, and the time that families had to wait for a service, were highlighted by both families and social workers as difficulties. An illustration of one respondent, who reports being told to wait five years before requesting a service, highlights the importance of improving the response to requests for support:

“We knew that without external help, we wouldn’t be a family of five in five years time! It was my own perseverance and research that led to us accessing the NCH help which finally made a difference. Battling to justify it and gain the funding used up energy I didn’t really have to spare at the time!”

“Therapy has just started, one year after placement. This was promised pre-placement but I actually had to fight for it to be funded.”

“After months of pushing and waiting, our independent chair insisted that the children’s local authority provide us with assessment and ongoing support from CAMHS”

“My husband and I would just like our daughter to have access to the therapy that she needs, be that attachment therapy or CBT. We feel that the past five years we have been fighting continually for her to be seen by a specialist and for her to get the help that she needs”

“The main barrier has been being pushed from pillar to post - people passing your case on to other people, no one being accountable or responsible.”

Where therapy has been put in place prior to the adoption, and children move to a new local authority as a result of the adoption, there is often difficulty in getting a commitment to continue the therapy post adoption and in a number of cases this is delaying the adoption order being granted. In some cases this is related to the different prioritisation of looked after and adopted children, and in others it relates to the availability of services in each area and the expertise and remit of CAMHS staff.

There is a key concern about continuity and consistency in support and service provision when a child/children move from being the responsibility of the public care system to when the Adoption Order is granted. One consequence of the current legislation is that once the Adoption Order is granted any resources and service provided prior to this are likely to be withdrawn. The effect that this has on the speed of Adoption Orders is to delay them, as families worry about the lack of appropriate support for their children when the battle to secure recognition for their needs, let alone any input, is often hard won in the first place.

RECOMMENDATION 9 – That adopted children be given the same access to CAMHS as looked after children given that their needs are linked.

Independent Therapeutic Intervention

There are several individuals, voluntary sector organisations and private companies, who provide specialist support regarding attachment issues. Some of these providers are regulated as therapists and others advertise themselves as parent mentors. The survey indicates more positive experiences of the independent therapeutic services than their experiences of CAMHS, but the financial costs involved were seen as a major barrier:

“All family at Family Futures, funded reluctantly by social services – children are still fostered but we are waiting to adopt them. Cost many, many thousands of pounds but well worth the money. Therapy ongoing, but already vast improvement for children and our understanding has grown, so more able to cope”

“Received support from Action for Children paid for by social services, lasted five to six months. Helped me enormously, but feel should be continued but awaiting Theraplay/play therapy”

RECOMMENDATION 10 – That the Welsh Assembly Government organise a conference to bring together all professionals involved in therapeutic work related to permanency support provision (CAMHS staff and social workers from fostering and adoption teams). The aim of the conference would be to raise awareness regarding the patterns of needs, as well as the particular needs of the looked-after and adopted population of young people, to highlight relevant and recent research of their therapeutic needs and effective in treatments so that procedures maybe developed in Wales to improve multi-agency adoption support responses.

RECOMMENDATION 11 – That a specialist project be developed in Wales, along the lines of Family Futures in England, which would bring together the expertise of CAMHS, independent therapists, social workers and educationalists to provide a specialist service for children with severe problems derived from poor attachment and early trauma and neglect.

The need for continuing adoption support

There has been an assumption in the past that most of the support to adoptive families would be needed during the introduction and 'settling in' phase and that after the first couple of years the children would essentially 'catch up' with their peer group of non-adopted children. This is evidenced by the willingness to provide some initial financial support to families and to offer membership of Adoption UK for the first year after the adoption.

However, we know from the responses to both surveys and from referrals to the Adoption UK helplines that many families will struggle to cope when their children reach adolescence and beyond.

RECOMMENDATION 12 – that resources and support services are developed with the expectation that some adopted children and their families will need life-long support and therapy from placement through to adulthood.

Conclusions

Whilst adoption support has improved over the past few years, we know from our research that there are still significant numbers of adoptive families in Wales who are struggling to cope with the demands of re-parenting a child who has suffered early trauma and loss. The following recommendations, if implemented, would improve the support those families receive and, we believe, would reduce the number of adoption breakdowns experienced which have such devastating consequences for the child, the parents and all who care about and work with them.

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Glossary

ASSA = Adoption Support Services Advisor

FAD = Foetal Alcohol Disorder

NCH = now known as Action For Children.

SENCO = Special



Supporting Adopters

The Lifeline for Adopted Children and Adoptive Families

Adoption UK's recommendations for the future of adoption policy and practice

October 2011



Introduction

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

As an adopter-led organisation, Adoption UK has first-hand, personal experience of the key issues in adoption. It has welcomed the increased focus on supporting adoptive families since the passing of the Adoption and Children Act 2002 in England and Wales, and the Adoption and Children (Scotland) Act 2007 in Scotland. Great strides have been taken in acknowledging the need for adoption support services for families, and delivering some practical support. However, far too many families still come to Adoption UK, desperate for support. If we are to make adoption support a reality for adopted children and their families further steps are needed.

This report provides an overview of the core issues for supporting adoptive families, as seen from the perspective of adoptive parents. It looks at the following areas of policy and practice, providing background, identifying obstacles or barriers and recommending ways forward:

- Early intervention in children's lives
- Recruitment of adopters
- Adoption pay and leave
- Adoption support
- Educational support for adopted children
- Child and Adolescent Mental Health Services and wider therapeutic services

An executive summary on page 3 highlights the key recommendations from the overview and review.

Adoption UK welcomes any feedback on this report, which should be addressed to Adoption UK's Chief Executive, Jonathan Pearce, at:

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Executive summary/key policy recommendations

Educational issues for adopted children

- Adopted children should have the same status as looked after children in relation to their educational need, including:
 - Priority in the school admissions systems.
 - Entitlements to additional support under the statementing system.

Recruitment of adoptive parents

- Make recruiting adopters a national priority that is implemented nationally, rather than implemented locally, eg, consider the possibility of a central recruitment agency for potential adopters who are unable to have their interest in adoption considered due to their local agencies exercising “local discretion” because they are only looking for adopters who can meet the needs of local children.
- Positively and continuously promote adoption as a positive option.

Joint working

- Better joint working between social services, education and health departments, focusing on providing improved adoption support services to families.

Children’s needs to be central – Early intervention

- Departmental policy frameworks to put children’s needs (as understood from a trauma perspective) at the centre of the decision-making process.
- Using model of early intervention, based on a “child in need” approach, rather than child protection.
- Early multi agency support/intervention systems to be triggered at 20 weeks’ gestation for “vulnerable parents” where one or more risk factors identified.
- Ongoing multi-agency work support and intervention, both with those children identified in the womb, and those who come to the system’s attention after birth or at a later age.
- Greater use of concurrent planning and fewer moves for children in the care system.

Adoption support

- Statutory duties or directions need to be placed on education and health services in relation to the provision of adoption support.
- Statutory entitlement to adoption support services, not just an assessment.
- Ensure adoptions are fully, properly and adequately supported.
- Legislation needs to be amended to give parity between maternity and adoption pay and leave.
- Introduce a national minimum adoption allowance for all adoptive families.
- Adopted children and adoptive families need the same priority of access to CAMHS as looked after children receive.

Training and professional development

- Train social work, education and health professionals on the importance of planning and delivering adoption support.
- Frontline staff in all sectors (social services, education, health, mental health) need training on issues of adoption and trauma.
- Clear evidence-based training about the effects of early trauma, attachment, etc, for all involved in intervention and placement work (including those in the legal system).

Adoption UK's core concepts for adoption support

- Healthy child development is the foundation for positive social, educational, community, physical, mental and economic development.
- Relationships are at the core of our society, whether between children and their parents, or among children or adults.
- Wherever possible, it is preferable for children to be brought up within their own birth family. However, where this is not possible, for whatever reason, adoption offers many of those children the opportunity of a stable, permanent and loving family.
- Early trauma massively affects healthy child development and without addressing it we fail both children and society.
- The long term costs of failing to address early trauma far outweigh the costs of providing high quality, professional and effective support to children and families.
- The effects of trauma and loss on the emotional, physical, behavioural and educational development of adopted children and children in care must be acknowledged and reflected in appropriate service provision.
- The effects of secondary trauma on adoptive parents and their wider families as a consequence of parenting traumatised children must be recognised, acknowledged and addressed by all those who work in adoption.
- The role of adoptive parents in "reparenting" and being "therapeutic parents" must be valued by all those working in adoption. Adoptive parents are part of the solution, not part of the problem.
- Children's needs should be at the heart of the adoption process and all adoptions. Their views, feelings and wishes should always be taken into account in any decisions, wherever possible and practicable.
- Adopted children's needs will often extend well into adulthood and this should be acknowledged and respected in adoption policy and practice.
- Adoptive parents and practitioners should be equal partners in meeting the needs of adopted children.
- High quality, effective, timely and appropriate adoption support services should be readily available to adopted children and adults, adoptive parents and birth families.

Implications for Policy and Practice

Early intervention in children's lives

Background

Loss and early trauma for children who are the subject of, or at risk of, abuse and neglect, is magnified by the failure to intervene timely and effectively in their early lives. This has major long-term consequences for not only the children, but also the parents, carers and families who have to look after or care for these children (ie, kinship carers, foster carers, special guardians or adoptive parents).

If they can be supported to be "good enough" parents within the child's timescales, the best place for children is with their birth families. However, such situations need to be the subject of carefully planned support and interventions, which are subject to timely review and monitoring.

If the decision to remove a child from their family is made, there needs to be high quality training and multi-agency support to help the new parents/carers.

With 80,000 children currently in the UK care system, the majority of whom (70 per cent) are aged one to four and so at a critical stage in their development, it is vital that the children themselves are at the centre of the process of deciding their future. Unfortunately this is often not what happens and many children are left to drift far too long.

Adoption

When properly supported adoption offers positive outcomes for children from the care system, including providing children with a permanent family that many of them might not have if they remained in the care system.

However, children placed for adoption are inevitably traumatised – by their experiences of separation and loss, by their experiences of abuse/neglect, and sometimes by the time spent in temporary placements before being placed for adoption.

Any delay to their placement massively exacerbates the level of trauma, whether by allowing for more harm/damage within the birth family, or through lost opportunities for permanent parents/carers to address the effects of trauma.

Adoptive families are poorly served by the current framework for adoption support - more needs to be done to make adoption support a reality.

Obstacles

Despite everything that is known about the importance of early intervention with traumatised children, there are a number of obstacles that prevent this from happening, such as:

- Little or limited understanding among many professional services of the impact of early trauma on long-term child development.

Table 1
Children adopted from care by age at adoption¹

<i>Ages</i>	<i>Number of children England</i>
Under 1	60
1 to 4	2,170
5 to 9	730
10 to 15	90
16 and over	10
Total children adopted	3,050
Average age	3 years, 11 months
<p>Northern Ireland: 50 children were adopted from care in the year to 31 March 2010. Of those children, 30 were aged four or younger and 20 were aged five or older. The average age at adoption during 2010 was 4 years, 8 months.</p>	
<p>Scotland and Wales: the national statistics for Scotland do not provide the information on children's ages at adoption</p>	

- Public opinion and the media – an influential and powerful force in shaping government policy and responses to events, eg, the media response and government actions over various high profile cases that can result in oscillating policy, meaning that one day social services are seen as “child snatchers” and on the next they’re viewed as “failing to act” or intervene. Furthermore, there is a failure among the media and public policy to make links between cases of early abuse and neglect (eg, Victoria Climbié and Baby Peter) and the consequences of that abuse and neglect which can lead children to grow and develop with reduced abilities to behave with social responsibility (eg, the Edlington boys torture case in 2010).
- The rule of optimism - reasonably in many situations, social workers and their managers strive to make a difference to the family, but on occasions can be too optimistic and give insufficient weight to the evidence in the case file and/or the findings from research.
- Lack of confidence in the impact social work can have/lack of status of social workers and social work profession, exacerbated by the media’s portrayal of their work.

¹ Statistical sources:

Children looked after in England (including adoption and care leavers) year ending 31 March 2011 (Department for Education Statistical First Release (SFR 21/2011, 28 September 2010)).

Children Looked After Statistics 2009-10 (Scottish Government, 23 February 2011).

- Individual practice/personal and political beliefs can affect how cases are managed/handled – Individual social workers can have their own ideas on interventions and placements, staffing changes can mean a change of plan. This should not happen if national standards are followed.
- Birth parents being cooperative, but nothing actually changing – cases can drift like this for years with children suffering as a result.
- Removing children is an awful and drastic thing to do – often there is an understandable, but inevitable, reluctance to act.
- Delays within the legal system and the lack of understanding with the courts. Courts have been known to override social work/adoption panel recommendations and insist on placing children back within the birth family, despite the evidence.

Table 2
Reasons for adoption during 2010/11²

<i>Category of need</i>	<i>Percentage of children adopted</i>
Abuse and neglect	72%
Child’s disability	0%
Parent’s illness or disability	4%
Family in acute stress	8%
Family dysfunction	12%
Absent parenting	3%

What needs to happen

- Clear evidence-based training about the effects of early trauma, attachment, etc, for all involved in intervention and placement work (including those in the legal system).
- Departmental policy frameworks to put children’s needs (as understood from a trauma perspective) at the centre of the decision-making process.
- Using model of early intervention, based on a “child in need” approach, rather than child protection.
- Early intervention and multi-agency support systems to be triggered at 20 weeks’ gestation for “vulnerable parents” where one or more risk factors identified.
- Ongoing intervention and multi-agency support work, both with those children identified in the womb, and those who come to the system’s attention after birth or at a later age.

² Children looked after in England (including adoption and care leavers) year ending 31 March 2011 (Department for Education Statistical First Release (SFR 21/2011, 28 September 2011))

Recruitment of adopters

Background

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

“Over a quarter of respondents (27%) said they were actively turned away from applying from the agencies they approached, with similar numbers (29%) saying there were turned away from three or more agencies. When asked about the reasons for this, 17% said that they were told that the agency was not currently recruiting adopters, 11% were told that their personal profile did not fit that of the children in the agency’s care, while 13% were told that their ethnicity did not match that of the children in the agency’s care. More worryingly, 11% received no response at all further to their enquiries.”

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

Some of this is down to bad “customer service”, but some is also down to the way that local authorities prioritise their recruitment (local authorities can choose to recruit only those adopters who meet the needs of their children). This is reasonable up to a point, but often this is a smokescreen for forms of discrimination or value judgements on what constitutes a “good family” (normally viewed in terms of couples with a degree of affluence).

“I walked away from the local authority as it was made clear that couples who applied were priority over singles.”

Adopter’s quote from *Waiting to be parents* (see above), p3

Single adopters, gay adopters, those on low incomes, disabled adopters, do not always get the service they deserve. In some cases, white adopters are turned away from agencies that predominantly place BME children, whereas these adopters may be a valuable resource for children waiting elsewhere in the country.

Adoption

While the number of adoptions per year is higher than in 2000, when there was the last concerted effort to prioritise the needs of children for adoption, in the last few years, numbers have decreased again. There are still thousands of children awaiting adoption each year (see Adoption UK’s *Children Who Wait* magazine as an example of this). This impacts in many ways:

- Children are increasingly damaged the longer they wait in the care system (eg, through multiple moves from carer to carer).
- If hard to place children are eventually adopted, it is the adoptive parents who will have to cope with the effects of this extra damage.

- The longer children stay in care, the higher the costs to the state in caring for them. (The average cost per looked after child per week in 2007/08 across all placements was £774; for foster care placements this was £489 per week; for residential care £2,428 per week.³)
- The long-term outcomes for children who stay in the care system, or who return home, are far worse than for children who are adopted.⁴
- Supporting successful adoptions is far more cost-effective than leaving children in care (see further below).

Obstacles

- Localised and short-term approach to a national issue, due to constraints on professionals' time and resources.
- No long-term national recruitment strategy for adopters.
- Individual or agency "value judgements" on what constitutes a good family, whether from the social worker who takes the first call, or from management decision-making processes or culture, or from adoption panel recommendations.
- A disproportionate focus on procedures and checks at the expense of effective preparation and long-term support.
- Failure to make strong links between long-term support and recruiting adopters.
- Lack of financial resources to deliver effective support.

What needs to happen

- Positively and continuously promote adoption as a positive option.
- Train social work, education and health professionals on the importance of planning and delivering adoption support.
- Ensure adoptions are fully, properly and adequately supported.
- Make recruiting adopters a national priority that is implemented nationally, rather than implemented locally, eg, consider the possibility of a central recruitment agency for potential adopters who are unable to have their interest in adoption considered due to their local agencies exercising "local discretion", because they are only looking for adopters who can meet the needs of local children.

³ House of Commons Children, Schools and Families Committee, *Looked After Children* (Third Report of Session 2008-09), Vol I (9 March 2009), p21, para 13, citing NHS Information Centre, *Personal Social Services Expenditure and Costs England 2007-08*, February 2009.

⁴ *Costs and outcomes of non-infant adoptions* (Selwyn, et al, 2006).

Adoption pay and leave

Background

There are statutory entitlements to adoption pay and leave, but these are less than for maternity pay and leave. This sends out the message to adopters that “we don’t value what you do for our most damaged children.” This is often the first thing that new adopters discover about the State’s approach to supporting them in their roles. What sort of a welcome is that?

The facts

The law lays down statutory minimum entitlements in relation to maternity leave and pay, and adoption leave and pay. In summary, for maternity leave, pregnant women are entitled to the following:

- A total of 52 weeks’ maternity leave, irrespective of their length of service with their employer (this is made up of 26 weeks’ ordinary maternity leave and 26 weeks’ additional maternity leave).
- 39 weeks of statutory maternity pay (SMP) where they have completed 26 weeks’ continuous employment with their employer by the beginning of the 15th week before the expected week of childbirth (and subject to certain average weekly earnings limits). SMP is paid at the rate of 90% of the woman’s weekly average earnings for the first six weeks; and then the lesser of the prevailing rate of SMP (currently about £128 per week in 2011/12) or 90% of her average weekly earnings for the remaining 33 weeks.
- Those who are self-employed are entitled to claim Maternity Allowance.

In contrast the statutory minimum entitlements for adoptive parents are as follows:

- A total of 52 weeks’ adoption leave (this is made up of 26 weeks’ ordinary adoption leave and 26 weeks’ additional adoption leave), but they must have completed 26 weeks’ continuous service with their employer as of the week in which the adopter was notified of having been matched with a child.
- 39 weeks of statutory adoption pay (SAP), subject to the continuous employment requirement above (and certain average weekly earnings limits). Throughout the 39 weeks, SMP is paid at the lesser of the prevailing rate of SAP (currently about £128 per week in 2011/12) or 90% of average weekly earnings.
- Self-employed adopters are not entitled to claim Maternity Allowance or any equivalent benefit.

As can be seen, the statutory basis for these employment rights immediately discriminates against adoptive parents in three key respects:

- the “length of service” requirement to be entitled to adoptive leave;
- the rate of pay during the first six weeks of leave;
- self-employed adopters have no access to adoption pay while on adoption leave.

For an adoptive parent earning £25,000 per year, this discrimination amounts to almost £1,500 less (net) in adoption pay than the equivalent for a employee on maternity; and for those earning £50,000 per year, the difference is over £3,100 – another one of the costs of adopting.

The government currently justifies the distinction on the ground of the health, safety and welfare of women who have given birth.

Of course, the law only states a minimum entitlement and employers are encouraged to go beyond the statutory minimum. Some employers do in fact improve on the statutory minimum, as well as ensuring that pregnant women and adopters receive the same contractual entitlements.

However, in reality, adopters are regularly the subject of a double whammy when many employers reinforce the statutory discrimination by enhancing the maternity benefits package for their employees while keeping the adoption benefits package at statutory levels.

This discrimination/distinction makes no sense, when one considers that adoptive parents are caring for and parenting some of the most traumatised children placed from the UK care system. It is much harder for adopters to forge strong attachments and bond with their newly placed children if they are unable financially to take sufficient time off work and this is detrimental to adopted children and adoptive parents.

While local authorities may have responsibilities to provide additional support, including financial support, to adopters, these are not statutory entitlements, but rather the right to request an assessment, without the guarantee of any delivered services. In practice, local authorities will not provide financial support to make up for the lack of entitlement to adoption pay and leave, so adopters are left with nowhere to turn. At the same time, local authorities placing children will have an expectation that one or both of the adoptive parents will be committed to take time off work to make the adoption succeed.

Adoption allowances

At present there is no consistent national approach to adoption allowances, with local authorities entitled to set their own policies. All adopters should be entitled to an adoption allowance but it is currently down to a postcode lottery as to how much that is.

What needs to happen

- Legislation needs to be amended to give parity between maternity and adoption pay and leave. Adopted children are not second class children. The financial resources required to change this would be minimal. There are under 4,000 adoptions per year in the UK.
- A national minimum adoption allowance should be introduced for all families who adopt children from the care system.

Adoption support

Background

Adoption support is not considered carefully enough at the time of matching/ placement. Agencies have either inadequate adoption support policies or no policy at all; similarly with funding for adoption support.

Research shows that adoption offers the following advantages:

- Far more stability than other forms of care.
- Lifetime perspective (in contrast to placement in children's homes or in foster care).
- Good outcomes across a range of measures.
- The advantages of adoption, when stable, far outweigh its potential risks.

Yet many adoptions do not work. One in five disrupt before the adoption order,⁵ and the figure is much higher for children placed at the age of five or over if we also take into account the number of adoptive families that break down before their children reach adulthood – estimated to be about one in three.⁶

Outcomes for adoption can be improved further by:

- Early decision-making and action, including timely court processes.
- Accurate assessment of child's abilities and developmental needs.
- High quality, long term, multi-agency support to adoptive parents and family.

Local authority funding

Local authority funding does not prioritise promoting and supporting adoptive placements, as against other, less beneficial placements. In many instances, placement options are made on the accessibility of funding, eg, long term foster care is chosen over adoption, rather than what is in the long-term interests of the children concerned. Where children have very complex needs, it seems easier for funding to be found for long-term foster placements, often through independent/private fostering providers, rather than for highly-supported adoptive placements. It is not uncommon for adoption plans (with limited support packages on offer) to change to long-term fostering plans with well-funded support packages.

⁵ *Adoption: a new approach* (Department of Health White Paper, December 2000), p15, citing Children Looked After by Local Authorities: year ending 31 March 1999 England (2000, Department of Health).

⁶ Rushton and Dance (2004), *The outcomes of late permanent placements (Adoption and Fostering Journal*, Vol 28, No 1, Spring 2004, pp49-58); and Selwyn, J, Sturgess, W, Quinton, D, and Baxter, C (2006) *Costs and Outcomes in Non-infant Adoptions* (London: BAAF).

If funding for support travelled with the child in care, even after adoption, then there would be the following benefits:

- More efficient use of public funding, and therefore budget savings.
- Decision-making would be made genuinely in the interests of the child, rather than due to financial considerations or constraints.
- Out of area placements, or inter-departmental working, would be less problematic, as funding would no longer be the main issue.

Obstacles

- *Access to well-funded and knowledgeable adoption support services*
Local authorities are under-funded to carry out this work and need additional capacity and expertise to do it effectively. Many services are not “adoption aware” or “adoption-friendly”, notably CAMHS and educational services. Many within CAMHS do not understand adoption, and the education system ignores the needs of adopted children, differentiating them from those of looked after children, although they are from the same population of children with many shared issues.
- *Statutory entitlement to assessment, but not services*
Too many local authorities refuse to fund appropriate services, despite there being an obvious and clearly assessed need for support – particularly in relation to therapeutic support services.
- *Lack of joint working between social services, health and education authorities and across authority areas*
Adoptive families are the ones who fall through the gaps when authorities will not work together or agree to fund services from each other.

What needs to happen

- Statutory entitlement to adoption support services, not just an assessment.
- Statutory duties or directions need to be placed on education and health services in relation to the provision of adoption support.
- Frontline staff in all sectors need training on issues of adoption and trauma.
- Long-term, multi-agency support needs to be provided to adoptive families.

Educational support for adopted children

Background

All children take time to settle in a new environment, but a newly placed adopted or fostered child may not make the expected academic progress for his/her age for a long time. Conversely, children who may have settled initially can have periods of distress and difficulty at different stages of their school career.

Because of the chaotic and disrupted early childhoods that many adopted or fostered children will have had, they are often hyper vigilant (or on "permanent red alert") towards any form of threat or change – this is understandable when one appreciates that in abusive or neglectful birth families they will have had to develop strategies to ensure their very survival. As a result, adopted/fostered children's "world view" is different to a child with healthy early development – and will take a lot of long-term nurturing and security for this to change.

"In 2008, only 14% of children in care achieve 5 A* - C grade GCSEs (compared with 65% of all children)."

"28% of children in care have a special educational needs statement compared to 3% of all children."

Improving the educational attainment of children in care,
(Department for Children, Schools and Families,
September 2009)

Additionally, whereas most children new to school are quiet at first, a child who has experienced moves and trauma in the early years may be much more unpredictable. In addition to moves between different homes and carers, an older child may have moved from school to school, possibly adding to the early trauma already experienced.

"There is a definite double standard. When my son was out of school, [he] could not cope with senior school – junior school he could cope with, nice little one to one relationship, he was alright. But senior school was a wash out almost instantly. You know there's a pupil referral type thing to rebuild the confidence and get people talking ... get the kids back to doing some studying – but you could only go it you were fostered. The fact that he had exactly the same problems and needs ... oh no."

Adoptive parent

While the child may start with their worst behaviour and improve once they are reassured that their teachers and parents are talking to each other and to the child, equally s/he may behave very well at school and act out their stresses quite excessively at home. Any changes at school, such as teacher, a classroom or a routine, can be distressing for the child and the parents will need the support and understanding of their child's school – all this in a mainstream school environment which will often be doing its best to move children towards

an independence that most adopted/fostered children may not be ready for or even be able to cope with.

Adopted and fostered children may also feel guilt, and blame themselves for the break-up of their family. This can lead to low self-esteem and their resulting behaviour may be a key indication of how frightened they are feeling inside. They will need a lot of help and support from parents and teachers to overcome these feelings.

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

However, there are ways in which parents, teachers and social care services can help adopted children make their way successfully through the education system, if they work together from a shared knowledge base.

Obstacles

Currently adopted children do not receive the same type of entitlements or support as “looked after” children within schools, eg, in relation to priority for admissions, or access to educational support – even though adopted children come from the same population as fostered children.

What needs to happen

- Adopted children should have the same status as looked after children in relation to their educational need, including:
 - Priority in the school admissions systems.
 - Entitlements to additional support under the statementing system.
- Educational professionals should be trained in issues of trauma and attachment.

Child and Adolescent Mental Health Services and wider therapeutic services

Background

Mental health services and therapeutic support are desperately lacking for adoptive families. When it is accessed there tends to be a long wait for referral and assessment, and then when received it is not adoption-specific.

An Adoption UK survey in 2005 of adoptive families' experience of CAMHS found the following:

- Most adoptive families were not fully aware of the problems their children had prior to placement.
- There was poor understanding of the issues in preparation groups and among social services professionals.
- Parents were doubtful that CAMHS understood adoption issues and were able to empathise with difficulties they faced.
- The difficulties placed a considerable burden on the family.
- Individual therapy for children was often provided without input or feedback to the parents.
- Almost half of the parents claimed the treatment plan was not shared with them.
- There were doubts as to the efficacy of the intervention among a substantial number of parents.

More recently, focus groups of adoptive parents carried out in 2009, as part of a DCSF-funded project,⁷ found similar feedback.

We already know much about the mental health difficulties of looked after children:

- Rates of mental health disorder are between four and five times higher amongst looked after children compared to children in the general population
- Looked after children, aged 5–17 years:
 - 45% were assessed as having a mental disorder (includes children with more than one type of disorder); from within that group:
 - 37% had clinically significant conduct disorders;
 - 12% were assessed as having emotional disorders – anxiety and depression;
 - 7% were rated as hyperactive;
 - 4% were identified as having the less common disorders (pervasive developmental disorders, tics and eating disorders).⁸

⁷ North London Post Permanent Placement Consortium, "Post permanent placement support – what is happening in one location and ways forward: A discussion" (Tavistock and Portman NHS Trust, Anna Freud Centre, Great Ormond Street Hospital, Marlborough Family Service, Adoption UK, BAAF, Coram (2010))

⁸ *The mental health of young people looked after by local authorities in England*, ONS Survey 2002/3

Obstacles

- The mainstream mental health/therapeutic approach is one of a “dysfunctional birth family”, with the core belief that it is the presenting family, and its parenting, that is the issue. This approach does not fit with adoptive families or families where there is an alternative carer, as the family will be trying to cope with the imported pathologies and trauma from the birth family and from the impact of inappropriate “public care”.
- Adopted children do not have the priority of access to services that looked after children do.
- Limited or no understanding among most CAMHS professionals of adoption, attachment and complex trauma.
- Difficulties of joint working/communication between social services and health departments.

What needs to happen

- Adopted children and adoptive families need the same priority of access to CAMHS enjoyed by looked after children.
- CAMHS professionals need to be trained in issues of adoption, attachment and trauma.
- Better joint working between social services and health departments.

Adoption UK

What is Adoption UK?

Adoption UK is primarily a membership organisation for prospective adopters, adoptive parents and long-term foster carers (current membership of 4,900 families). However, many of our services are available to practitioners, as well as other groups of carers/guardians, most notably our general information, training programmes and workshops and *Children Who Wait* magazine. Our services are unique in that they are informed by a wealth of adoptive parenting experience and are delivered by experienced adoptive parents; they include the following:

- National Telephone Helpline (c3,000 enquiries per year).
- A UK-wide network of local support groups (run by adoptive parent volunteer coordinators).
- Buddy support schemes (linking experienced parents with new parents or parents in difficulty), and other peer support networks.
- Parent Consultants.
- Lending library.
- *Adoption Today* and *Children Who Wait* magazines and online service.
- Online Community (c12,000 registered prospective adopters and adoptive parents).
- Publications and other information resources.
- Training programmes and workshops, including *It's A Piece of Cake?*

What has Adoption UK done?

Since its founding in 1971 under the name of Parent to Parent Information on Adoption Services (PPIAS), Adoption UK has provided vital support for prospective adopters and adoptive parents and also worked with local authority and voluntary adoption agencies to facilitate the placement for adoption of children from the care system. Among its achievements during that time are:

- setting up a specialist adoption agency (Parents for Children) in the 1970s,
- publishing Caroline Archer's classic books on adoptive parenting in the 1990s, *Parenting the Child Who Hurst: First and Next Steps*,
- developing the awarding-winning *It's A Piece of Cake?* parent support programme in 2000,
- launching our Online Community in 2003 (which won the Charity Website of the Year award in 2004),
- establishing a national adoptive parents buddy scheme in 2005,
- launching the first national online family finding service (*Children Who Wait* online) in 2006, and
- receiving an overall rating of "outstanding" in our 2010 Ofsted inspection.

For further information about Adoption UK, visit: www.adoptionuk.org

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Registered Adoption Support Agency (Service No 66957)

**Written response to The Children and Young People Committee Inquiry into
Adoption Submitted by BAAF Cymru**

Context

The Organisation

BAAF is a UK wide association and registered charity with a distinct national footprint across Wales. BAAF Cymru is also registered as a voluntary adoption and voluntary adoption support agency.

We have been educating, advising and campaigning to improve the lives of children and young people in care and on the edge of care since 1980, identifying permanent families for children unable to live with their birth families whilst working to secure placement stability and optimise outcomes.

Members include local authorities, voluntary adoption agencies, independent fostering providers, local Health Boards, law firms and other organisations/individuals working with our priority groups of children and young people. A Helpline is also available and accessible to all including non members and members of the public.

Our priority objectives in Wales are underpinned by a policy and legislative mandate set out by Welsh Government and include the following:

1. High quality training, consultancy and information to improve delivery of fostering and adoption services
2. Accessible and responsive advice and information to members of the public affected by adoption and fostering
3. Enhanced public understanding about adoption and fostering by effective collaboration with partner agencies and the media
4. Provision of specialist advice to Welsh Government
5. Delivery of services informed by the voice of the child

In providing this written evidence BAAF Cymru has sought to represent views from a number of different perspectives based on our experience and work within the field of adoption.

Scene Setting

Adoption must be seen in the broader context of planning for permanence and as part of an integrated system of services for children in care. Children in care need permanence plans that are implemented with appropriate urgency and are based on a full understanding and assessment of the child's need for a family life. A good

permanence plan will hold the child's future development in mind at all times and will give consideration to the full range of possible permanence options (including Special Guardianship, permanent fostering, kinship care arrangements) and their suitability to meet the child's needs within the context of their individual requirements and family circumstances and the life long impact and implications of the permanence plan pursued.

It is also important to stress that adoption is a service for children. Whilst this may sound obvious, it can be tempting to regard the 'customer' in the adoption process as the prospective adopter. That is to misunderstand adoption in the most fundamental way. The placement of a child in a loving family is what drives the adoption system. It is our responsibility to ensure that the system that delivers this is effective and efficient with the resources it needs to secure that objective. Prospective adopters deserve nothing less than a first class service that is efficient, welcoming, fair and responsive but we must never lose our focus on the child.

Whilst the Inquiry is keen to examine the experiences and voice of those directly affected by the adoption process, birth families parents appear to have been omitted. The Adoption and Children Act 2002 (Welfare Checklist 1.4) states that courts and adoption agencies must have regard to the wishes and feelings of any of the child's relatives. We know that the decision made by birth parent(s) to consent to the placement of a birth child for adoption is a life changing one for all those involved. In the same vein contested adoption proceedings resulting in the 'loss' of a child through adoption are likely to be a traumatic event for the birth parent(s). The finality of the consequences of severing the legal relationship between the child and his or her birth parent(s) is reflected in the thresholds that the placing adoption agency must satisfy and evidence in court. It is important that services are available to birth families pre and post adoption both in assisting them to manage their feelings of grief, anger and loss but also in respect of the child where the plan is adoption. Birth families can provide a rich seam of background information that is fundamental to identifying an appropriate match with prospective adopters. It is also important to have relevant information to share with the adopted person in later years. Alienating the birth family has negative consequences for the child and adoptive family, both in the short and longer term.

There is concern that services for birth parents can be inconsistent across Wales. The lack of adequate adoption support services for birth parents is recognised in Inspections as one of the greatest areas of unmet need. This can result in unsuccessful management of loss, particularly the birth mother, an unacceptable 'contact gap' after the child is placed for adoption (whether agency mediated or direct contact) and an inability to track and meet the needs of birth fathers.

This has been the basis for the development of collaborative arrangements such as the North Wales Adoption service. Adoption support services need to be both timely

and appropriate. An adequate service would be proactively available for birth parent(s) throughout their 'adoption experience'. If such services are limited to the period of care and adoption proceedings they will be of limited value and will not be accepted.

Timely and appropriate services for birth parents are likely to benefit all those involved:

- birth parents themselves
- subsequent children born to the birth parents
- the children placed – an acknowledgement by the birth parent(s) of the situation can provide an important message for the child and thereby stabilise placements. Adoption agencies should be planning in respect of this cohort of older children adopted from care for their future possible search and reunion needs. If there is no resolution at the time of adoption or during the period following the adoption and before the child attains adulthood it may have a negative impact on the birth parent(s) and on the birth child who as an adult wishes to seek out or establish a relationship with a birth parent
- adoptive parents by promoting arrangements that will engender future placement stability for the child

Prospective parents

How effectively are prospective parents supported throughout the adoption process, particularly through the assessment and approval process?

The primary objective and outcome of preparation and assessment is to identify and predict the capacity of adults to become effective adoptive parents to the specific child or children placed. Identifying and predicting parenting is extremely challenging - most people only know what parenting is like when they actually experience it. In adoption there are specific issues about approving adopters that depends on the accurate prediction of what is a future event. The preparation, assessment and approval process are often generic when the child's needs and circumstances are very specific. Adoption assessments are a complex professional task that requires a confident and competent workforce to provide an evidenced piece of work founded in relationship based practice.

One of the key challenges facing some Adoption Agencies in Wales is the ability to resource a system that can process assessments in a timely way and provide preparation courses that are delivered in sequence to individual assessments. This is leading to inconsistencies into how effectively prospective adoptive parents are supported throughout the process.

In reality whilst prospective adoptive parents do generally find preparation training very helpful some report that these are completed too long before the assessment

begins and are done in a vacuum. Undertaking the preparation classes psychologically builds up expectations that an assessment will follow imminently and they are one step nearer to approval and ultimate placement of their adoptive child. Lack of resourcing or insufficient numbers to make training cost effective for the agency can result in preparation classes only being offered sporadically throughout the year. This has been recognised as a potential contributor to delays in the assessment and approval process and some Adoption agencies have now entered into joint partnership arrangements to offer more preparation classes throughout the year (examples of this working in practice can be found in Caerphilly, RCT Newport and Bridgend). It has also been recognised recently that a review of the actual present assessment framework (PAR) should be explored to consider whether the actual model is compounding delays in the timely completion of assessments. BAAF alongside other partner agencies is currently exploring this and will produce a number of recommendations that will require consideration by Welsh Government and Welsh Adoption agencies. These proposals could involve a staged process that is negotiated with the prospective adopter at the start of their adoption journey identifying key components which require completion within a defined timeframe. Good practice experience indicates that this process should take approximately six months which allows sufficient time for most prospective adopters to come to terms with the nature and consequences of making a life long commitment to child.

What action is needed to encourage prospective parents to pursue adoption as a route?

- In addressing the current shortage of adopters, the challenge is to recruit a greater number of adopters generally and more adopters specifically skilled, able and interested in caring for children who wait the longest. For example large sibling groups, disabled children or those with medical uncertainty, older children and children from black and ethnic minority groups. However a targeted recruitment strategy must be supported by a robust and responsive early response to enquiries from prospective adopters. This is presently inconsistent across Wales with similar issues around inadequate resourcing of such services by experienced practitioners able to manage enquires sensitively and responsively
- A potential solution to this would be a national cohesive centrally funded recruitment strategy to provide consistency across Wales. This would require support from a National Adoption helpline which managed initial enquires and was serviced by an experienced workforce who could respond effectively, sensitively and efficiently to the scope and range of calls being made. A national enquiry service can also be used to collate data, analyse trends and plot variations in interest from different regions
- Initial responses must however be backed by local capacity to deliver training and commence the assessment process. We have already heard that there are inconsistencies in both the delivery of these services and in models of

practice. It would therefore seem sensible to consider whether regional services could collaborate to deliver a more cohesive service (in line with Sustainable Social Services) that is needs led rather than resource driven. This collaborative service model has already been developed between some Adoption agencies in Wales :for example South East Wales: A single Adoption service hosted by Blaenau Gwent delivers an adoption service to three local authorities and has established a single adoption panel.

- Access to adoption support post placement can encourage or deter prospective parents from pursuing adoption. The process that leads to the placement of a child with an adoptive parent is the beginning of the adoption story. Access to an available appropriately resourced range of adoption support services including financial support, health, education and CAMHS is of critical importance particularly for children who have particular needs. Lack of such resources (which should, if needed, continue up until the child reaches eighteen) can also deter foster carers from applying to adopt a child where remaining with that carer in a permanent arrangement is deemed the most appropriate outcome for that child

Adoptive parents & families

With regard to support, adopters have reported the following as helpful in securing successful placements:

- **Being provided at the outset with full information** about the child and his/her background – Disruption meetings have highlighted concerns about insufficient information being made available at time of placement. Such information could have assisted with understanding how to manage behaviour and proactively seek help before situations escalate to a crisis point
- The **support of the foster carers** in helping the child make the transition from foster to adoptive care, by working collaboratively with the LA where the plan is adoption, by reassuring and supporting the child and the prospective adopters. The way the transition is managed by the foster carers and professionals can determine the outcome of the adoptive placement and can influence the attitudes of the adopters in the short and long term to future contact with the foster family
- **Foster carers need to be well trained and supported in preparing children to move on** and how to manage their own feelings of loss. Foster Carers can oppose the adoption plan if they have reservations about the choice of adoptive parents or where they had hoped that the child would remain with them on a permanent basis to adopt the child. This is critical that foster carers understand their roles and responsibilities in this process and are able to give permission to the child to move on to their new adoptive

family. Both timely and undue delay in pursuing permanence plans for a child can place the foster carers and their families under undue pressure. It is also worth noting that foster carers do have a right to lodge an adoption application in respect of a child who has been placed with them on a fostering basis for more than 12 months

- **Matching** Prospective adoptive parents need to be actively involved in the matching process and be honest about the issues and needs they cannot accommodate. Pre and post approval training in issues of neglect, attachment, managing difficult behaviour is critical to enhance knowledge and understanding of the needs of the children they will be parenting. BAAF has recently piloted a model of Placement Activity Days which allows prospective parents to meet children identified as needing adoptive families in a safe 'controlled' environment. Research from America has indicated that these days can assist positive matching between child and their new family. Present processes within consortia need to be considered vis-à-vis potential linking and matching. It is in everyone's interests to have a proactive system of early identification of potential matches. However, within a context of protracted care planning and care proceedings a potential unintended consequence arises when prospective adopters (possibly 2 or 3 sets) are taken out of the pool in anticipation of the outcome. This then lessens the 'pool' of resources available for other children and takes those adopters who do not proceed to matching for that specific child 'out of the pool' for other children
- **Experienced Competent and Qualified Workforce** Able to draw on research based evidence to inform decisions at each stage of the process for all involved in adoption journey. Some adoptive families have highlighted continuity of worker for both themselves and their child is important to securing successful outcomes. Ensuring the continuity of practitioners is also an important factor in safeguarding the child and the placement

What improvements could be made to the support given to adoptive parents?

- Consideration given to the possibility of continuity of worker from assessment through to post approval. Research study by Julie Selwyn and Hilary Saunders 'Adopting Large Sibling groups Aug 2010' have cited this as a stabilising factor post placement. However this needs to be seen in the context of developing regional services to undertake assessments. If an assessor is unable to continue as case worker there must be appropriate handover of all information to inform both the strengths and identified needs of the family
- Better preparation and wider availability of post approval and post placement training on child development and parenting skills. Post placement provision can be specifically developed to meet the identified need of the placement and can therefore be applied in practice

- Provision of learning and development opportunities for IRO's who review adoptive placements - Specific experience in adoption work is variable amongst IRO's and they need to be able to pick up on the signs of a placement experiencing difficulties at an earlier stage. Their role is critical and pivotal as they have an overview of the agency's overall functioning as well as the individual child's circumstances. They also have an important monitoring and quality assurance role (further duties allied to 2008 legislation) in respect of the local authority's duty of care to the child and the care planning process. This applies both to children in adoptive placements and those children for whom there is an adoption plan but no placement as yet identified. This is a very important group of children whose needs need to be kept in mind – the number and nature of changes to an adoption plan for a child within an adoption agency provides an interesting picture of the level of unmet need. It is acknowledged that some prospective adoptive parents delay in lodging the application to adopt a child in placement because of their concerns about the lack of the provision and a shared understanding between them and the adoption agency in relation to adoption support services
- Full implementation of the Adoption Support Services Regs (2005)
- Not all LAs have dedicated ASSA posts and there is no consistency in where this role lies within LA's. The strategic aspect of the role has in general not been implemented, including the framework for working with Health and Education. The initial proposal that this function should be fulfilled by a combination of an experienced adoption practitioner and a resource mandate has been generally difficult in practice to achieve
- Consideration to be given to collaborative or regionally based adoption support services where appropriate ie support groups for adoptive parents
- A confident and competent workforce who have access to appropriate workforce development opportunities through training and ongoing learning

Adopted Children

Do the current arrangements for adoption adequately reflect the rights of the child ?

Adoption and Children Act 2002 (Welfare Checklist) places a duty on Local Authorities to ascertain children's wishes and feelings. Article 12 UNCRC states every child has a right to say what they think in all matters affecting them and have their views taken seriously. This is now enshrined in Rights of Children and Young Persons (Wales) measure 2011. Adoption must be a service for children and must be duly processed with the child's timeframe in mind. However the child's right to family life can be comprised through delays in care proceedings, delays in family finding and inconsistencies in post adoption support services.

We also need to see improvements in the provision of direct services for children both in respect of resources but also a workforce that is trained to listen to children's wishes and feelings and work directly with them (and their primary care givers) in order that they can work through the myriad of feelings and emotions they will continue to experience in respect of their own personal history.

At times it is a difficult equation for practitioners to balance the 'wishes and feelings' of the child and the paramountcy of the child's welfare. This often involves a judgement of the 'situation of least detriment' rather than a clearly defined decision. It is also of concern to practitioners, panels and others that at times there is an apparent lack of direct work with the child in order to inform and elicit those wishes and feelings.

How effective is the support given to adopted children post adoption?

- More follow up research requires investment into the experiences of adopted persons
- Children want to experience 'normal' family life and do not want to be regarded as different from their peers. Support services need to be incorporated into other services for children. The adoption support Services Regs apply not just to Children's Services but to Health and Education. All relevant organisations should be responsive to the life long needs of children who have been adopted and it should not be dependent on where the adoptive family lives as to the quality of service. Multi Agency training should be provided for all those agencies with a responsibility to provide services for adopted children (research evidence 'Transition to Adulthood for Adopted Young People' by Dinithi Wijedasa-Hadley Centre - showed adopted young people are more likely to be bullied, engage in risky behaviour & have more mental health issues than comparison group)

What action is needed to ensure that delays in the adoption process can be kept to a minimum?

- **Legal Proceedings and the Judicial process:** Court delays damage children MOJ stats published on 13th January 2012 are demonstrating on average it takes 55 weeks for court proceedings to be finalised. A process that is timely in terms of children's timescales must include judicial continuity and be normally completed within a 6 month timescale. In this context it is imperative that the Welsh Government moves quickly to respond to and implement the recommendations of the Family Justice Review. (ref Scott and McKeigue (2003)) 'Children in Limbo: research on impact of delay on children where court cases have taken over two years to resolve.
- **Human Rights:** The impact of the Human Rights legislation has also had an impact (and rightly so). It is of concern though that the Article 8 'rights to a

family life' is often limited to the birth parent(s) and not always applied to the child's rights to a family life. Again this is viewed as an unintended consequence.

- **Professional practitioner confidence:** One of the objectives of the Public Law Outline was to re-establish the social work practitioner as the 'expert' in respect of the child. This has not happened in practice within the court arena. This area of work (and again rightly so), demands a high level of evidential and professional confidence in meeting the required thresholds. Concerns have been expressed about the need to enshrine confidence in the decision making process and enable practitioners to exercise their professional judgement – (“an unrealistic hope that assessment would somehow deliver certainty if only it went on long enough” Beckett & Mc Keigue (2003)).

The relationship and joint working arrangements between adoption and child care social workers within the local authority is critical as are the dovetailing arrangements between the adoption service (particularly if sited within a shared Service) and the permanence functions and specific duty towards the individual child retained by the local authority.

- **Use of Expert witnesses:** Family Justice review recommends primary legislation to reinforce commissioning an expert's report must take due consideration of impact of delay on welfare of the child.
- **Multiple changes of foster placements pre adoption:** More consideration and detailed planning of appropriate matching with foster family at outset. Plans for siblings to be placed together or separately can impact on delays in assessment as well as significant issues of reunification and contact arrangements once that separation has occurred.
- **Shortage of adoptive families particularly for children with specific needs:** Adoption must be available for every child for whom it is the right plan. Delays in implementing plans for adoption damages children's development but local authorities can become trapped in a cyclical dilemma between available resources and identified need. This is a varying picture across Wales however with data varying from 3.7 months to 9 months on average between making of a placement order and a child moving to an adoptive family. Some of the children who wait the longest for a family have specific needs such as defined medical needs or are part of a large sibling group. It is also worth noting here for context that the number of LAC since 2007 has increased by 16.7%. We need to be mindful of the huge emotional and financial cost of keeping a child in care with no sense of belonging to a 'forever family'. It is important that all agencies in Wales understand the true financial cost of keeping a child in care and future planning of their services

should be done with an awareness of the potential for a long term social return on their investment. This statement is underpinned by research undertaken in 2009 at The Hadley Centre which compared the financial costs of adoption in comparison to a child remaining indefinitely in foster care.

- **Introductions:** Introductions to a new family need to be done sensitively and be well planned supported and monitored by an experienced practitioner. If this critical period is not managed appropriately the potential of disruption is high. It is also important to consider the input of psychological support services at this stage onwards for adoptive parents to be able to make sense of a child's presenting behaviour at an early stage.

What action is needed to increase the number of successful outcomes once children are considered for adoption?

- Listening to the child's wishes and feelings and those of their birth family members
- High quality assessment of child's needs by well trained practitioners within a reasonable timescale
- Investment in working with birth parents in respect of the significant loss they have experienced and greater inclusion in plans for their child
- Support to adoptive parents in providing timely information to birth parents from the outset of the adoptive placement to assist in the development of a positive relationship that can have potential life long consequences for all involved
- Continuity of worker/s to get to know the child/sibling group/birth family. Repeated change of worker for the child due to staff turnover within child-care teams or case responsibility moving between teams means that often there is no one worker with an in depth knowledge of the child. Within any proposed structural changes on how adoption services can be delivered in the future, expertise and knowledge of the case worker needs to be considered
- High quality, rigorous assessments and preparation of prospective adopters within a transparent process framework and defined timescales. Practice shows that disruptions can often be traced back to inadequate assessments and unrealistic expectations of the adoptive parents. The reality of trying to bond with and parent a child/ren born to someone else, even without taking the specific needs and challenges of the child into consideration often differs from what adopters had hoped to feel and experience. This needs to be taken into account alongside the reality that most prospective adopters have experienced loss through infertility and come to adoption after trying, sometimes for many years, unsuccessfully to have a child of their own with the hope that they will be matched with a child as young as possible

- Strategic recruitment planning at a National and Regional level. It is important that identified priorities in adopter recruitment are clearly identified and where an applicant's profile does not match these priorities, the responsibility to signpost them to another agency must be implemented. A National Enquiry Service could be well placed to do this in respect of carrying that national overview of regional need
- Monitoring of the adoptive placement-IRO's supported in respect of training requirements in order to fulfil their critical role in reviewing and monitoring care plans and adoptive placements
- Life journey work can sometimes be viewed as an additional service instead of an integral part of the work with a child which needs to be undertaken by workers experienced and trained specifically for this work. The quality of the life journey work and /or material varies as does who undertakes this work. Adoptive families and foster carers must also be included and engaged with any such work undertaken both pre and post placement
- The value of evidence, research and analysis. Adoption is rooted in a rich evidence base informed by some empirical studies and much good practice. There are also important examples of poor and damaging outcomes for children where there has been poorly informed practice. Evidence and analysis should inform each stage of the assessment process and workforce development programmes to strengthen expertise and professional judgement should be integral to all professionals working in the field of adoption. If probably resourced this could reduce necessity of expert witness at care proceedings stage, increased confidence in the assessment process for prospective adoptive parents, and matching approval and placement stage
- Adoption Support Services. As the complexity of need for children requiring adoptive families becomes greater, so the need for expert, dedicated services to families becomes a necessity for positive outcomes. For large sibling groups consideration should be given to financial assistance in order for the adoptive parents to stay at home for as it takes the family unit to settle. Additional support in the home early in the morning and after school would also be an excellent short term investment for long term placement stability
- Independent Scrutiny and Quality Assurance Any system of decision making in adoption should be underpinned by independent scrutiny of crucial decisions that includes a depth and breadth of relevant adoption experience
- National Adoption Register National Register of adopters for children in Wales to increase pool choice and availability across Wales
- Disruption - collection of statistics and analysis to learn lessons and inform future practice (ref recently announced DfE commission of Hadley Research)

How effective has Welsh Government been at monitoring adoptions & tracking the progress for the child and parents?

- To date there has been PI monitoring within LA's and publication of key data stats on an annual basis. This is however qualitative data which can plot trends over comparable timeframes but does not measure quality. There are also inconsistencies in reporting mechanisms on interpretation of that data and there can be limited understanding of its use and value at Local Authority Level. For example whilst disruption stats are not collated nationally there are huge variations in how a disruption is interpreted. As stated above we could learn significant lessons from this and need to consider the value of commissioning similar research in Wales
- It is important that distinction is made between PI's (Inputs and Outputs) and Outcome measurements (ie how do we measure success?) with a potential shift away from PI's towards outcome measurements. The proposal to create a National Outcomes framework (as announced in Sustainable Social Services) should assist with this

Specific Examples of Good Practice

Statutory Sector

Collaboration of Adoption Agencies has already taken place across Wales in recognition of a need to deliver adoption services within resources available.

These include:

- North Wales Adoption service hosted by Wrexham serving six Local authorities.
- West Wales single adoption service serving three Local Authorities
- South East Wales Single adoption Service hosted by Blaenau Gwent serving three local Authorities and has established a single adoption panel
- Some Local Authorities now collaborating on joint training programmes pre approval to reduce delay for applicants
- Provision of support groups for birth parents, Adoptive Families
- Since 2002 South Wales Adoption Agencies Consortium (SWAAC) has worked collaboratively with nine Local authorities and two Voluntary Adoption Agencies to facilitate a linking function between children awaiting placements and adopters approved by member agencies. Also undertakes development work on behalf of consortium
- ADSS and WLGA are also working in partnership with BAAF and other third sector partners to consider a broad scope of reform of adoption services in

Wales , underpinned by the priority action set out in Sustainable Social Services for the delivery of a National Adoption Service

Voluntary Sector

St David's: Good track record of recruiting families able and willing to consider children with specific needs; Low Disruption rates; Good packages of post adoption support

Barnado's Cymru: Smaller adoption agency in Wales but effective recruitment of adopters particularly for children with disabilities

Adoption UK: Provide support for Adoptive parents through helpline, support groups, campaigning on their behalf for increased adoption support services. Also initiated work with schools to educate professionals on issues affecting children in school who have been adopted

After Adoption: Support Services to Birth Parents - effectively work with young people and Adult Adoptees

Strategic Adoption Partnership Forum (aforementioned agencies, BAAF and Children In Wales) have developed a forum to consider how we can work collaboratively in respect of service delivery of Adoption services in Wales

**Wendy Keidan
Director
BAAF Cymru
16.2.12**

National Adoption Service for Wales

Purpose

The content of this paper, submitted in response to the draft Social Services (Wales) Bill 6.1, 'Establishment of a National Adoption Service' has been primarily sourced from a document developed and submitted by WLGA, ADSS Cymru and BAAF Cymru to Welsh Government Officials in February 2012. It will be noted that the context of this document sets out in its broadest terms the aggregated functions of a NAS which in principle underpin the recommendations as set out in 6.1bb. It is however important to note that with any proposals for change first and foremost we must not lose sight of the child and that realignment of adoption functions must be with the central premise of improving outcomes for that child. We are committed to achieving a consistent national approach to adoption, with a strong focus on the recruitment and preparation of adopters and on adoption support. We believe that the adoption system in Wales is not broken, but we need to ensure that it is a system that delivers consistency, efficiency and effectiveness to all those affected by the adoption process. Let us not forget that there are examples of excellent practice across Wales that we can all learn from and embed into adoption reform. Furthermore we do recognize the complexity of the system which requires a complex set of solutions at different levels, to support sustainable change and improvement.

We feel that these reforms set Wales at the forefront of the agenda, recognising how complex adoption services are, and maintaining a rights based approach in line with the UNCRC. Indeed we would go as far as to say we would caution against any radical reforms to 'nationalise' the whole service which undermine the role and function of the local authority and risk an accountable delivery, and a loss of the voice of the child.

We welcome the Deputy Minister's view that Social Services remain an integral function within local government. As part of the delivery of social care local government has responsibility for adoption services and we welcome the continued support from Welsh Government that adoption functions remain a core part of the social care role of local authorities. We also recognise the unique expertise the voluntary sector brings to adoption and adoption support in Wales and it is imperative to work collaboratively together to scope out the detail of any proposed implementation of adoption reform and learn from best practice.

The proposed structure of a Welsh national adoption service is aligned to 10 principles for adoption services devised by BAAF (December 2011), and takes into account the key policy drivers in Wales of:

1. Improving the experience for adopters and children
2. Increasing the voice of the child
3. Maximising collaborative advantage

4. Efficient and sustainable use of resources

In order to deliver improvement and maintain safety, we understand that the proposed model recommended in the draft Social Services Wales Bill would be structured on the basis of Local Authorities retaining local responsibilities for the child and coming together to discharge certain adoption functions through the National Adoption Service (principally delivering services to prospective adopters and adoptive families) that could be aggregated to a national, regional and local level. It is also important that due consideration is given to other adoption functions presently carried out by 22 Local authorities such as intermediary services, Inter Country Adoption and step parent Adoption. In order to achieve such reform we welcome the establishment of the Expert Working Group facilitated by Welsh Government, representing WLGA and statutory and voluntary sector membership to consider the remit and functions of the National Service and determine necessary legislative changes required to deliver the reform agenda.

Case for Change

Much media attention has been recently given to the need to reform the adoption process, to increase speed and better reflect the needs of the child. Any reforms in Wales must reflect evidence, practice and be driven by the need to deliver improved outcomes for both prospective adopters and children in the care system. Fundamentally we must demonstrate that these are the principles underpinning reform and ensure that in Wales we are not open to the charge of producing oversimplified solutions to an extremely complex issue.

Since 2007 there has been an increase in the number of Looked after children by 16.7% with the inevitable consequence of more children requiring adoptive families across Wales and it is critical that Adoption Services and the Courts are able to meet this increased demand for placements and support services. This is the key driver for reform to ensure a responsive and sustainable service is in operation in Wales, determined by the needs of those using the service.

In developing proposals for reform we must not be driven by 'data' alone, as this can often provide a misleading picture, and can easily be misinterpreted. It is crucial that any new proposals maintain the primacy of rigour in ensuring the assessment, matching process and placement are carried out appropriately and effectively leading to the right decision for the child, and should therefore not be subject to arbitrary statutory timescales. We are clear that there are changes required at each stage of the adoption process to remove unnecessary delay - from decisions made to place children for adoption, if that is the plan, to recruitment and approval of potential adoptive families and matching and placement of vulnerable children with their 'forever' family - but not at the expense of depth and quality of analysis,

assessment and professional judgement that could increase the risk of adoption breakdown.

The role of the Courts must also be considered in constructing proposals for change, and recognised as outside of local authority control. However we are aware from MOJ stats published in January 2012 that courts in Wales are taking on average 55 weeks for court proceedings to be finalised. A process that is timely in terms of children's timescales must include judicial continuity and be normally completed within a 6 month timeframe. We note the recommendation in 6.1.4 of draft Social Services (Wales) Bill that legislative changes arising from the Family Justice Review will be taken forward. This will be welcomed in respect of minimising judicial delay but the recommendation to remove the adoption agency's 'should be placed for adoption' decision needs to proceed with caution in order that the final decision remains firmly within the jurisdiction of the Local Authority. The decision to embark on the life long journey of adoption is not one that should be made by the court alone.

Existing Picture

Local Authorities in Wales have the statutory duty to deliver services that safeguard and promote the well being of children looked after and to secure permanency for them by the most appropriate route. Adoption is one route by which permanency can be achieved for children looked after and the statutory responsibility for developing and managing their individual care plans rests with Local Authorities. Any analysis of cases where adoption is the agreed plan for children looked after concludes that the adoption system needs to start from the fact that currently more than 80% of all adoption work is conducted by local authorities and more than 80% of prospective adopters recruited are done so by local authorities.

(A) Legislation

The existence and restrictions of current legislation, and the use of the terms in the legislation, particularly in relation to 'Agency' must be considered as a precursor to reform....

The Adoption and Children Act 2002 and associated statutory regulations placed a statutory duty upon every local authority in Wales to become a Registered Adoption Agency and are prescriptive in how these services must be delivered. In addition to local authorities being a registered adoption agency, voluntary organisations in Wales can be registered as an Adoption Agency. These regulations may need to be assessed against agreed proposals to determine any necessary changes although we note in 6.1.11 (draft Social Services Wales Bill) that the National Adoption Service will not operate as an 'adoption agency' under The Adoption and Children Act 2002 Act and 2005 Regulations but the new body will however be inspected under the Care Standards Act 2000. We need to ensure therefore that any

proposed changes have the right level of regulatory governance to ensure they are fully fit for purpose.

National Minimum Standards (2007) are in place in England and Wales and set out a range of standards adoption agencies must meet when providing a service pertaining to a child's welfare, needs of prospective adopters and expectations regarding the matching process.

The Adoption Agencies (Wales) Regulations 2005 and accompanying statutory guidance (2006) sets out the adoption agency's duties in respect of considering adoption for a child, prospective adopters and proposed placement. These regulations and guidance will require significant amendment if the functions in respect of proposed adopters are to be aggregated to a regional or national level.

The Adoption Support Services (Local Authorities) Wales Regulations 2005 and accompanying statutory guidance (2006) sets out the local authority's duties to assess the needs of all those affected by adoption (including birth parents and siblings, children, adult adoptees and adoptive parents) for adoption support services. This includes the statutory duty of other agencies, such as Health and Education to be included in any assessment for adoption support. The Welsh Government proposals are to leave some discrete support services to the adoption agency (e.g. contact) but to commission other adoption support services on an aggregated basis. The new regulatory framework will have to determine which body is responsible for which specific duties as well as ensuring that other agencies are very clear of their duties in respect of support services.

(B) Performance

At the outset it is important to understand where we are in Wales in terms of local authorities' performance on adoption. These figures were taken from the 901 stats (March 2011 .. stats for March 2012 available Sept 2012)

- There has been an increase of 16.7% in all Looked After Children since 2007 with the greatest increase of over 10% in 2009. 5416 children were LAC at 31st March 2011.
- 252 children were legally adopted during 2010/11 and represents 3.8% of all LAC; a further 183 children were placed for adoption at the year end.
- Another 85 children had their permanence secured legally through a Special Guardianship Order.
- Over 85% of those children adopted had been subject to Placement Orders, whereby the plan for adoption had been challenged in court by his/her parents. Only 29 children were adopted with consent.

- After the making of a Placement Order (note; no agency can place a child for adoption without a placement order or the consent of the birth parents) the average time for a child to move to their new family can vary from between 3.7 months to 9 months. Some of the children who wait the longest for a family have specific needs such as defined medical needs or are part of a large sibling group. It can take an average of over 10 months for an adoption order to be granted.

Structures

In recognition of the specialist nature of adoption services and in order to deliver adoption services within the resources available, different management and delivery arrangements have developed in Wales.

Regional collaboratives operate across South East Wales, Mid & West and North Wales, and it is crucial that the best practice and progress derived from these collaborations informs continued service development and aggregation of appropriate functions.

These include:

- North Wales: A single adoption service
- West Wales: A single adoption service delivers an adoption service to three local authorities operating a joint panel
- South East Wales: A single adoption service hosted by Blaenau Gwent delivers an adoption service to three local authorities and has established a single Adoption Panel, in accordance with regulations
- South Wales: ten local authorities deliver a collaborative arrangement in the exchange of placements

It is critical that the difference in an Adoption Agency and Adoption Consortium are acknowledged and there are different configurations of Adoption Consortia across Wales. For example The South Wales Adoption Agencies Consortium (SWAAC), established in 2002 which facilitates a linking function between nine Local Authorities for children awaiting families and adopters approved by those member agencies and two associate voluntary adoption agencies.

Changes proposed

The delivery of a National Adoption Service for Wales service is a priority action set out in '*Sustainable Social Services: A Framework for Action*', and the broader proposals for reform are now outlined in the draft Social Services (Wales) Bill.

It is clear that there is appetite for reform that will strengthen existing adoption services and provide greater consistency across Wales, resulting in services being delivered that enable some of the most vulnerable children in

our communities being able to live with a permanent family. Adoption is only one means of securing permanency for children and is a complex process which can only be successful if it remains part of the management and delivery of children's social care services.

The placement of a child in a secure, stable and loving family is what drives the adoption system, and central to our proposals is the need to ensure that permanence plans are implemented with appropriate urgency and are based on a full understanding and assessment of the child's needs for family life .. It is a local authorities' responsibility to ensure that the system that delivers this is effective and efficient to secure that objective.

The model of Adoption Services that is proposed to meet the needs of the most vulnerable children will only be achieved by Government, Local Authorities and the Voluntary Sector working together to share knowledge, experience and resources. It is essential that the different elements that make up an effective and efficient adoption service are appropriately aligned within structures that can effectively and consistently deliver adoption services across Wales. Prior to the publication of the draft Social Services Wales Bill, BAAF in partnership with WLGA and ADSS conducted a functionality review of all regulated functions and services associated with the adoption process. The functions have been assessed against a set of ten principles in adoption recently devised by BAAF to determine where they 'best fit' in a restructured service model. Although some of the structuring proposed in the Bill differs in respect of having a two tiered approach, Local Authority Adoption agency and discharge of some functions to a National Adoption service, the realignment of services as set out in this paper is a relevant and useful starting discussion point about where each function of the service may most appropriately fit. It is however anticipated that the finer detail of any arrangements will be developed through the Expert Adoption Advisory Group.

The ten principles by which the regulated functions and associated services have been assessed are set out briefly below to contextualise the proposed functionality of the suggested new model.

1. Adoption and Permanence - Adoption must be seen in the broader context of planning for permanence and as part of an integrated system of services for children in care. Children in care need permanence plans that consider the full range of permanence options and are implemented with appropriate urgency. For example research indicates that Special Guardianship or permanent fostering arrangements provide children, for whom adoption is not appropriate, with that sense of belonging within a family .

2. Availability of adoption - Adoption must be available for every child for whom it is the right plan. There is strong evidence that Adoption as a means of securing permanency for children is not consistently used across local

authorities in Wales. Delay in implementing plans for adoption damages children's development.

3. A belief in the positive life changing impact of adoption - Adoption is a life changing event for all involved. It should offer a positive, stable and nurturing family life for a child and a rewarding and fulfilling experience for an adoptive parent who is enabled by effective adoption support to parent their child/ren.

4. The value of evidence, research and analysis - Adoption is rooted in a rich evidence base informed by some empirical studies and much good practice. There is also important evidence of poor and damaging outcomes for children where there have been shortcuts and poorly informed practice. Evidence and analysis should underpin each stage of the adoption process.

5. The value of independent scrutiny and quality assurance - Any system of decision making in adoption should be underpinned by independent scrutiny of crucial decisions that includes a depth and breadth of relevant adoption experience.

6. Legal Proceedings and the Judicial Process – Delays in Court are damaging children and the variation across Wales in the length of time a case takes to conclude in Court is not acceptable.

7. Adopters need to be valued - For adoption to work well, we must have a well managed welcoming and inclusive first response to enquiries from prospective adopters followed by a safe and comprehensive assessment process. There is no reason why preparation and assessment cannot be conducted within 6 months, but practice experience suggests that most adopters need about 6 months to come to terms with the nature and consequences of this life-long commitment to a child. It is also important to note that a responsive inclusive service should extend well beyond the preparation and assessment stage to post approval and post placement of the child.

8. Matching - Matching matters because the child chosen through adoption will become part of the adoptive family forever. Prospective adopter(s) need to be actively involved in the matching process and be honest about the issues and needs they can and cannot accommodate. This is a life changing decision for all involved but is also just another step on the lifelong journey of adoption.

9. Adoption Support - The process that leads to the placement of a child with an adoptive parent is the beginning of the adoption story. Access to an available, appropriately resourced range of adoption support services including financial support, Health, Education and CAMHS must be provided, consistently across Wales, whenever it is assessed as a needed within an appropriate timeframe.

10. Workforce - Adoption is complex and its impact upon children and adults is profound. It is essential that those charged with managing and delivering adoption services have the necessary skill, experience and support.

In developing the model as set out below consideration was given to the different aspects of adoption services and each was aligned to one of the tiers of service. In some cases functions may sit across two tiers.

National Adoption Service

Rationale:

- Improved outcomes for children
- Improved service
- Cost Effectiveness
- Maximising expertise
- Clear public point of contact for all those affected by adoption

This service will need:

- Resources
- Clear governance structures to deliver a unified service in collaboration with regions
- Collaborative tendering process for delivery
- Effective commissioning and procurement strategy

National Functions

Information Service

- Helpline- Any individual affected by adoption (signpost)
- First point of contact for prospective adopters
- Greater information on permanency and support available.
- Advisory Function
- Consistency of advice and information for all aspects of adoption
- Citizen and user friendly
- Legal and professional advice and information on inter country adoption

Public Awareness

- National Campaign awareness strategy
- National Marketing Recruitment strategy reflecting local needs
- Marketing and Communication (Cost effective procurement)

Linking Children with prospective adopters

- National Adoption Register
- Targeted recruitment activity for children with particular needs

Data Collections

- Tracking outcomes for individual children

- Tracking outcomes of prospective adopters from inquiry to placement
- Development of Data to Inform service delivery (SID)

Independent Review Mechanism

- Hosted and Managed by National Service

Miscellaneous

- Policies and Procedures to increase consistency
- Workforce Development
- Learning and Knowledge Management/Dissemination
- Research

Regional Functions

This term would require legislative and regulatory change, to enable regional agencies to be established as this function is currently the preserve of an individual local authority.

However if regional structures are permitted under new legislation, guidance would need to set out appropriate governance structures.

Risk and logistical difficulties (geography & culture) have been identified should these functions be delivered at a national level that includes:

- Increasing delays for the most vulnerable children
- Lack of consideration of cultural and community needs
- Service unable to be responsive to local need

Our professional opinion is therefore that for the following functions a regional aggregation is most appropriate and aligned to government objectives to increase collaboration.

Benefits identified by aggregating services up to a regional level include:

- Safety of child
- Economies of scale (assessment, training, recruitment)
- Better use of resources
- Increasing placement choice
- Will lead to a more robust sustainable services (high cost low volume)
- Workforce benefits- shared expertise and knowledge
- Earlier and more informed planning
- Recognising benefits of local delivery whilst maximising regional resourcing
- Supports consistency
- Identify gaps in service, knowledge, practice,

Management and Delivery of regulated adoption service at regional level (some or all of these functions could be discharged to the National Adoption Service as proposed in draft Social Services Wales Bill)

Recruitment & Assessment

- First stage Counselling for prospective adopters
- Prospective adopters (targeted recruitment/assessment for all)
- Workforce development
- Training of prospective and post approved adopters
- Management of adoption panel to recommend approval

Linking individual children with potential prospective adoptive families

- Knowledge of children
- Knowledge of prospective adopters/ approved adopters
- Knowledge of research/ outcomes
- Matching meetings
- Management of Adoption Panel (see comments above)

Post adoption support service

- Assessment of post adoption service support- linking with local accountabilities
- Management of post adoption contact arrangements
- Collaboration with multi disciplinary colleagues- Health, education
- Facilitate support groups for adoptive families, birth families and children who have been adopted

Intermediary

- Birth record counselling
- Searching & (and or) Reunion

Inter Country Adoption

- Assessment and training of inter country adopters
- Support for families who adopt from abroad

Engagement with stakeholders

- Judiciary
- Statutory agencies
- Voluntary bodies
- Public
- Children and young people

Misc

- Regional accountability adaption of policies and procedures

Local Functions

Children

- Care Planning decision making and judicial process
- Matching Individual Children to named prospective adopter
- Direct Work (pre and post Placement)
- Delivery of assessed post adoption support services (align also to Health / Education) including direct contact arrangements

Prospective Adopters

- Matching with individual children
- Decision making on placement
- Introduction and post placement statutory duties
- Judicial processes / Adoption Order
- Delivery of assessed post Adoption Support Services

Birth Parents

- Care Planning / judicial process
- Direct work with birth parents during and through care planning judicial process
- Delivery of some assessed post adoption support services including assistance in managing direct contact arrangements (counselling though this could be a regional function)

Other family members including siblings

- Direct work pre and post placement
- Delivery of some assessed post adoption support services

Record Keeping

- Local authorities responsible for keeping adoption records in line with statutory duties

Conclusion

Any proposed service model will be derived from a need to improve practice and outcomes for children and all those affected by the adoption process.

It is likely that changes will need to be phased in and an implementation plan developed which sets out the scope of the proposed change, timescale for

delivery, risk analysis and cost benefit analysis. Detailed planning around this implementation plan including resourcing, proposals on commissioning and possible legislative changes required to formalise aspects of the proposed plan will need to take place with Welsh Government following due consideration of the consultation presently ongoing in respect of the draft Social Services (Wales) Bill 6.1.

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