Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Gwaith dilynol ar Ymchwiliad y Pwyllgor Plant, Pobl Ifanc ac Addysg i Wasanaethau Mabwysiadu yng Nghymru | Follow-up to Children, Young People and Education Committee's Inquiry into Adoption Services in Wales

CYPE(4)-02-16 – Paper 2
Ymateb gan : Astudiaeth Cohort Mabwysiadu Cymru
Response from : Wales Adoption Cohort Study

Overview Question

What are your views in the Welsh Government's progress in respect of the 16 recommendations and the 25 'detailed actions' set out on pages 5-11 of the Committee's report.
Our research team is conducting a Wales-wide research study of all families who had a child (or children) placed with them for adoption between July 1st 2014 and July 31st 2015. The study involves collection and analysis of all Child Adoption Reports for children placed in that period (over 350 records) together with a sample of over 100 adoptive families who are participating in a prospective, longitudinal survey of their views and experiences of the adoption process (at four months post-placement and again 12 months thereafter). The survey includes two questionnaires and, for a subsample of 40 families, an interview component. We anticipate that, once finalised, our findings will be able to inform an evaluation of progression for several of the 16 recommendations described in the 2012 report (specifically, 3, 4, 5, 8, 9, 11, 14, 15). We have completed some preliminary analysis in order to respond to the Committee inquiry into adoption services in Wales. We would welcome the opportunity to feed our findings back to the committee at a later date, once our analysis is complete in the spring of 2016.

Question 1

What are your views on the recruitment, assessment and preparation of adopter parents?
We are in the process of exploring adopter parents' views of their assessment and preparation for adoption in our interview work and will be in a position to comment further about these findings in due course. At this stage, it is clear to us that experiences are varied. Our initial data analysis from the first questionnaire reveals positive findings with regard to the role of the medical advisors in Wales. Specifically, we asked adopters if they had met with the medical advisor for adoption. Over 97% responded 'yes' and the remainder missed the question. Over 94% of parents reported that they had read the report written by the medical advisor for adoption, or had been told about the content of the report. Finally, over 30% of medical advisor reports had identified support needs for the family and/or child. Approximately 63% had not identified support needs in the area of health and 4% of parents were not sure. Taken together, this suggests that adoptive parents have received, read and can recall key aspects of the work undertaken by the medical advisors.

How could this be improved?
It may be worth exploring how medical advisors have achieved these levels of success with regard to process and practice.

Question 2

What is your experience of and view of the matching process and support for the transition?
Despite the evidence that stable out-of-home arrangements such as adoption play an important part in assuring the well-being of vulnerable children, little research has focused on factors that predict a child being placed for adoption once they have been taken into care. We have used the Child Adoption Report (completed by social workers) to investigate which factors have a bearing on the length of time taken to secure an adoption placement from the time a child becomes looked after. We examined if organizational factors (initially accommodated under section 20, use of mother and baby placement, child placed as part of a sibling group, viability assessments carried out on family members and if the father was known), child characteristics (gender, health, removed at birth, externalising behaviour problems and attachment difficulties) and adverse childhood experiences (exposure to domestic violence, prenatal exposure to substances and birth parent characteristics) were associated with an increased length of time to placement for adoption. The number of days between becoming looked after and placed for adoption varied in our sample from 0 to 1,910 (over 5 years). The median number of days was 436 (mean 523 days). Of the variables we considered as part of our analysis, identified developmental delay, child having serious and enduring health problems, child behaviour problems, and exposure to drugs and/or alcohol prenatally, attachment difficulties, confirmed exposure to domestic violence and child being removed at birth were all associated with longer length of time to adoptive placement. The child being removed at birth was associated with a shorter length of time to placement.
How could this be improved?
We believe these preliminary findings point to the value of scrutinising *why* these factors result in longer time to placement. Possibilities include aspects of social work practice and procedure that are invoked in relation to these variables, the current landscape and feasibility of inter-agency working, as well as the interplay with the adoptive family and their support needs (specifically in relation to these factors).

Question 3

Do you think there is sufficient information and support for children and young people including access to quality life-story work?

Our preliminary analysis of parent-reports of child symptoms of psychological distress are consistent with **recommendation 11**, that the *Welsh Government should, as a matter of urgency, work with the Welsh NHS Confederation in respect of provision to adopted children to audit current provision and identify gaps*.

At three-four months post placement, our analysis of a standardised measure of child mental health (the Strength and Difficulties Questionnaire, Goodman, 1997) revealed that 22% of 2-4 year old children had conduct problem scores that could be classed as high or very high (which contrasts with an estimate of 8% in the general population). This pattern was mirrored in the 4-9 year old age group where 40% of children had conduct problem scores that could be classed as high or very high (compared to an estimate of 10% in the general population). Our findings are similar for emotional problems, peer problems, hyperactivity and low prosocial behaviour. These ratings were made at about 4 months post placement and we will test whether parenting ratings have changed when we follow families up 12 months later. Whatever the factors are that are influencing parent perceptions of children's behaviour and distress, these findings suggest the need for enhanced support for families.

We note that recommendation 8 states that *every adopted child should be offered quality life-story work*. Our preliminary findings present a mixed picture of adopter parents' experiences.

At four months into placement, two thirds of families in our study had not yet been given their child's life storybook. A similar proportion of adopters parenting children over the age of two at placement, did not feel that their child had a good enough understanding of the reasons for their adoption (consistent with their age and developmental stage). On a more positive note, the majority of life storybooks, which had been provided, were thought to be of good quality. Early findings also suggest that some parents lacked confidence in talking to their child about adoption and wanted better advice and guidance on how best to carry out meaningful life story work. Advice that had been given was not always consistent.

How could this be improved?

We will have a clearer sense of ways to improve services once we have a complete data set that includes follow-up information from families at 12 months post-placement. We are engaged in a dialogue with our advisory group (which includes representation from the National Adoption Service, AFA Cymru, Adoption UK and St. David's Children's Society Voluntary Adoption Agency) and will work with them to consider potential improvements that could be made in response to our programme of work.

Question 4

What post-adoption support for children, young people and families (including from social services, education, health and mental health services) is available and what more could be done in this area?

Our preliminary findings converge on the view that adoptive parents and children need early access to a diverse range of support that is flexible, dynamic and responsive to their individual needs.
We are in position to comment on the some of the unmet support identified by parents. At four months into placement, nearly one in three said they had needed financial support (either by way of a settling in grant, an adoption allowance, or both). More than a quarter of families were in need of support to help children make better sense of their lives (life story work). Sixteen percent wanted help in working towards improving family relationships - in particular, support to help promote healthy sibling relationships. A similar proportion of parents said they needed further training to better understand and support their child (such as safe base training).

Other less frequently identified unmet support needs at four months into placement, included help to smoothly navigate the legal process for adoption, help to access health appointments (for physical health needs or developmental concerns), provision of therapeutic support, and support for education (including help to address the emotional needs adopted children may have in school).

Most adoptive parents in our study, rated the support shown by their adoption social worker favourably, many of whom were considered to be a good source of emotional support. However the response from their child's social worker was rated more variably, depending on whether they were perceived as having a good understanding of the complex and often uncertain developmental trajectory for many adopted children.

A small number of parents shared anxieties about revealing supports needs or complaining about the poor quality support provided by social workers, for fear of ramification. Parents talked about not wanting to '*rock the boat*' before the adoption order had been made. A perceived power imbalance in the adoptive parent / social worker relationship at times was perceived as a hindrance to effective communication.

Previous research by Ottaway and colleagues (2014), investigated the provision and experience of adoption support services in Wales prior to the implementation of the National Adoption Service (http://gov.wales/docs/dhss/publications/140702researchen.pdf). Ottaway et al. (2014) highlighted that the adoption awareness of social work staff was variable, particularly in local authority statutory children's teams (where most referrals for adoption support post-Adoption Order were required to be received). As a result, the complex and multi-faceted needs of many adopted children resulting from trauma, loss, the experience of abuse within their birth families and attachment difficulties were being under-recognised. This meant that adoptive parents often felt judged or blamed when approaching their local authority for help and support.

How could this be improved?

We wonder about the possibility of sharing instances of good practice across the country where there is a true sense of partnership working between children's social workers, the adoption social worker and adopter families. There may also be some value in simply communicating with families on a regular basis in a fairly informal way such that they feel the door remains open to support or signposting to support if and when it is needed. We recognise there is a cost and resource implication here, but the psychological, social and financial cost of not providing this support is likely to be greater (certainly in the longer term).

We note recommendation 15 regarding workforce development. Given the significant issues which are continuing to arise regarding the lack of specialist knowledge in relation to the needs of those affected by adoption, specialist learning and teaching around permanence could helpfully be embedded into qualifying programmes and the CPEL framework. This could include, for example, advanced training on child development and well-being; working with trauma and loss; understanding, assessing and supporting the life-long needs of adopted children, adoptive families and birth families (particularly around issues of contact and identity in adoption, and in recognising and reducing child to parent violence). This would, we hope, have the potential to 'normalise' the need for support and therefore increase the likelihood of support needs being recognised and met at an early stage and later on, recognising the life-long impact of adoption.

Question 5

Are there any other issues you wish to draw to the Committee's attention?
With respect to **recommendation 15** relating to *identifying and addressing gaps in respect of knowledge of child development and attachment theory*, we believe there is a clear identified need to better support social workers pre- and post-qualification. Alongside the suggestions noted above, scrutiny of Child Adoption Reports reveals potential discrepancies in the classification and definition of attachment problems (broadly stated) as well as potential medical problems variously described as development delay versus chronic physical health issues. There is also variation in the use of term related to child externalising behaviour. It's unclear to us how these classifications are derived and whether they are derived in a systematic and consistent way across Wales, within and between the regions. We are concerned that the varied use of these labels and terms may stigmatize children, raise anxiety among parents, and hinder the development of appropriate support planning that is specific to the needs of the family and child. We wonder whether (with appropriate training) using short and well validated checklists as part of a holistic and systematic approach to assessment might assist social workers in their day-to-day assessments. As a research team part-funded by the National Institute of Social Health Care Research (Welsh Government), we are eager to support the work of the Committee and that of the National Adoption Service. We anticipate that in

Spring of 2016 our data collection will be complete and we will have made good progress in distilling the key messages emerging from what is promising to be, a rich dataset. We would welcome the opportunity to offer additional insights on some of the recommendations and action points from the 2012 report with particular regard to post-placement support for families and children.