



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 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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