Adoption Reform:
Developing a multi-agency city-wide adoption support strategy
Stage 1: analysis of current provision

A report to
Brighton and Hove City Council

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The Colebrooke Centre for Evidence and Implementation

Final report
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EXECUTIVE SUMMARY

Introduction

Brighton and Hove City Council plans to develop and implement **a multi-agency city-wide strategy for post-adoption support**. It commissioned The Colebrooke Centre for Evidence and Implementation to map existing provision across the city, identify gaps and highlight issues that need to be addressed in developing a strategy.

We spoke to 14 adoptive parents from 12 families whose children had either been placed by Brighton and Hove City Council or who had adopted children placed by another local authority. In the latter case, Brighton and Hove became responsible for post-adoption support three years after the Adoption Order. The children were now aged between six and 20 and had come to their families between three and 16 years ago. Since we specifically wanted to talk to parents who had used support services or one sort or another, it is likely that this group of families is balanced towards higher levels of need. We also spoke to 26 professionals from health and social care services and leadership, public health, education and the voluntary sector.

Policy and research context

Adoption, and post-adoption support, are now being given **much more priority in national government policy**. The Coalition Government's Adoption Reform Programme, launched in 2012, aims to reduce delays in and increase the use of adoption. Measures to improve adoption support services include extending looked after children's rights to priority school admissions and free early education from age two to cover adopted children; giving adoptive parents the same rights to pay and leave as birth parents; introducing an Adoption Passport which provides adoptive parents with information about entitlement, and a duty on local authorities to inform adopters about their rights, including the right to ask for help.

The **supply of post-adoption services is being stimulated** through a pilot of personal budgets and through encouraging local and national commissioners of services to recognise and address the needs of adopted children. For example adopted children are specifically referred to in the Secretary of State's Mandate to the NHS Commissioning Board, statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, the Children and Young People's Health Outcomes Strategy and the implementation plan for the mental health strategy. NICE has been commissioned to produce clinical guidance on attachment, and a range of e-learning materials is being developed to promote understanding of adopted children's needs among health and other professionals.

The vast majority of children who come into the adoption system have experienced maltreatment and neglect. This means that the nature of adoptive parenting has changed profoundly: it is now about therapeutic parenting and developmental recovery. Of course, each adopted child is different, not all have experienced the highest levels of maltreatment and many are happy and well-adjusted in new homes. But services for children need to recognise that adopted children have a **significantly elevated risk** of developing a range of emotional, cognitive, educational, behavioural, health and social problems.

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National and international research highlights that adoptive families need support for learning, therapeutic and mental health services, health services, support groups, advice and information, training, and financial support. Adoption support seems to be particularly stretched for families in high levels of need. Not knowing what is available or how to access it, professionals' limited understanding of adoption and poor working relationships between agencies have been identified as barriers to getting help, as well as perceived stigma associated with help-seeking.

A growing body of research highlights that **support should be seen as an embedded aspect of adoptive parenting**, part of the *'ecology'* of parenting, with the use of support re-framed as a manifestation of family strength, not failure, and agency capacity to provide support seen as an inherent aspect of parental capacity. The features of an effective post-adoption support system highlighted by UK and international research are summarised below.

Services needed	Facilitating access	Service features	Policy and planning
Support for therapeutic parenting	Information about the child's needs	Understand impact of adoption and abuse	Information for service planning
Emotional, behaviour and mental health services	Information about the services available	Holistic or coordinated provision	Adopted children recognised as a key group
Educational support services	Feeling positive about using services	Attuned to transitions	
Developmental support	Multi-dimensional assessments	Partnership with parents	
Health services	Timely provision		

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Mapping service provision and gaps in Brighton and Hove

There is a **very extensive range of provision in the city** that is relevant to adopted children and their families. This spans support from early years to early adulthood; from before a child is adopted to many years later; from universal provision to highly targeted specialist interventions; from preventative to intensive therapeutic services; from services with no particular awareness of working with adoptive families to those where adopted children are a significant part of the user group, and provided by a wide range of partners and settings. This is a real strength to draw on in developing a multi-agency strategy for post-adoption support.

Gaps in provision were identified by service providers and parents in a number of areas – where either a form of support is not available or where capacity and availability are particularly constrained. These areas were:

- therapeutic interventions for children
- support for play, social development and peer relationships for adopted children
- support in schools, particularly secondary schools
- child development services
- short breaks or respite care, outside section 20 provision
- continuing contact by the Adoption Service, support groups for parents of older children, more parent training and workshops and a buddying or mentoring service

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Issues to take forward in strategy development

Our analysis identified a range of issues to take forward in strategy development to strengthen the post-adoption support system.

First, there is a rich but potentially bewildering set of services on which adoptive families might need to draw, and we think this needs to be developed into a **comprehensive and continuous system of provision**, structured by tier or level, with clarity about pathways, when and how to refer on and how services fit together. The system needs to allow multiple access points of which the Adoption Service, schools and self-referral are key. Given that most services are not specifically for or targeted to adopted families, there would be value in developing a set of principles to define 'adoption sensitive' services and reviewing provision against them to identify best fit.

Second, the strategy needs to consider how **coordination** can be improved in assessments and service delivery, engaging the family, social and professional systems around the child, with clear expectations about information-sharing and team-based working. There is scope to explore a formalised key worker role to link between and coordinate services.

Third, families particular need **timely help at key developmental and transition points**. It will be useful to consider how, and how well, key transition points are addressed in current provision, and whether there is scope for more proactive information-giving about support in anticipation of transition points.

Partnership and strengths-based working with families is important – a sense of the good care of adopted children being a shared responsibility in which the particular expertise and insight of, and demands on, adoptive parents are recognised.

Adoption competent services are those where professionals understand the particular issues raised by adoption and childhood maltreatment, effective approaches, when they need more expertise and where to get it. We think there is value in reviewing the training currently available across the city to establish a continuing programme of multi-agency training at different levels. There is also scope to consider establishing a cadre of staff across agencies with specialist skills relating to adoption to support integrated case work, service planning, training and strategic development.

None of the services we explored beyond the Adoption Service were **routinely collecting information about adoption status** and so would know whether a child they are working with is adopted. This was seen as sometimes problematic by professionals but there were mixed views about whether it would be appropriate. The views of parents were more clearcut. They felt it was that essential services should know adoption status where it might be relevant, were surprised families did not always volunteer this information and felt it could be asked, sensitively – though they recognised that newer adoptive parents might feel differently. We think this provides a clear enough steer for further exploration, and indeed the two voluntary sector organisations involved in the project have already started asking about adoption status in their routine initial data collection.

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There was an assumption that the Adoption Service would know about the **size and make-up of the population of adopted children** in the city, but in common with other local authorities they would have limited information, primarily about the children they have placed and not those placed by other authorities or moving into the city subsequently. In fact there are no *national* statistics about the total population of adopted children – so making the most of the information that can be collected within the city will be an important aid to service planning and will help to make adopted children more visible within services.

None of the services we explored specifically **prioritise adopted children** and there were mixed views about this would be appropriate or feasible. One option would be to extend priority access for looked after children to adopted children. More generally, a focus on adoptive families in policy and planning would be strongly welcomed by families - and would be in line with new national policy. Having a reference or consultation group of adoptive parents, and a similar group of older adopted children, would also be useful. Issues surrounding the visibility and priority of adopted children reflect an underlying ambiguity in the status of adopted children which plays out repeated in policy and practice as well as in the experience of adoptive family life. Denial and insistence on difference are both unhelpful – but **adoptive life is inherently collaborative**. Again this reinforces the importance of embedding support as a natural part of adoptive parenting.

The **key issues for strategy development** are summarised below. The task needs to be seen as a systems-leadership and adaptive challenge, not a purely technical one. Surfacing the vision for post-adoption support and the underpinning principles would be a useful starting point, leading to creative and collaborative work to consider how to strengthen the system. There is potential to enhance provision and family life in ways that will have generational effects for a small but highly significant group within the city.

Expanding services

Therapeutic interventions for children

Support for children's social development

Learning support
Child development support

On- going Adoption Team contact, support and links to other services

Support groups for parents of older children

Training, workshops and specialist parenting programme

Facilitating access

Creating a coherent system of provision

Making it visible to parents

Coordinated assessments

Anticipating and planning around transition points

Service features

Coordination - clarifying expectations and systems

Key worker role

Partnerships with parents
Extending training for professionals

Developing a cadre of adoption specialists

Reviewing 'fit' of services to adoption issues

Policy and planning

Adopted children as a priority group in policy and service planning

Extending looked after children entitlement

Information for service planning

Parent and children reference groups

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1 Introduction

1.1 Background

A multi-agency city wide strategy for post-adoption support

Brighton and Hove City Council plans to develop and implement a multi-agency city-wide strategy for post-adoption support. The strategy will be part of the Council's response to the government's adoption reform programme which is intended to increase the number of children adopted from care. The Council's intention recognises the significance of post-adoption support to stability and other outcomes for adopted children.

The objectives of the strategy will be to provide effective high-quality support within a context of diminishing resources:

- for adoptive parents, adopted children and birth parents
- at different tiers or levels of need, from an early offer to all families to more in-depth support for adopted children and parents who are facing difficulties
- through universal and specialist services, by Brighton and Hove and its partners

Objectives

The Council commissioned The Colebrooke Centre for Evidence and Implementation to support its development and implementation of the strategy. The first stage of The Colebrooke Centre's work reported here lays the foundations for helping the Council to understand and build on its current post-adoption support systems. It involved a mapping of existing provision in specialist and universal services, analysis of possible gaps in provision, and identifying issues to take forward in the development of the strategy. This first stage has looked at support for adoptive families. Later stages may extend the work to address the support needs of birth families.

Objectives of this report:
- to map provision
- to identify gaps
- to highlight issues for the strategy

Focus on children in Brighton and Hove

The focus of this work is on the support provided within the geographic area of Brighton and Hove to adoptive families. These may be families where the child was placed by Brighton and Hove Adoption Service or by another authority or agency, and they will include families who moved to the city some years after the child was placed with them. Where children are placed by another authority or agency, support remains the responsibility of the placing authority for the first three years before transferring to Brighton and Hove Adoption Service. The majority of children placed by Brighton and Hove Adoption Service are placed *outside* the city area. This report does not cover the support provided to these families, which is a substantial part of the work of the Adoption Service.

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1.2 Approach to Stage 1

Interviews with 26 service providers

This first stage of work draws together the perspectives of parents and professionals. We began by conducting a series of strategic interviews with representatives of different services, in both universal and specialist provision. Twenty-six representatives were interviewed, from the Adoption Service, looked after children service, leaders and commissioners in children's services, CAMHS, public health, the Integrated Child Development and Disability Service, Children's Centres, a school, the education psychology service, an independent therapy provider, and two voluntary sector organisations. The interviews, mostly face-to-face but some by telephone, explored existing services and their use by adoptive families. A secondary aim was to gain insight into current levels of awareness and understanding of the needs of adopted children and their parents within services, and the extent to which these groups were recognised and prioritised by services.

Interviews with service providers explored:

- existing services
- fit with needs of adoptive families
- pathways, routes in and referral
- use by adoptive families
- partnership working
- sufficiency, gaps, development

Interviews with 14 parents from 12 families

The second component of work involved interviews with 14 adoptive parents from 12 adoptive families. An invitation to take part in the research was sent by email by the Adoption Service to all the adoptive parents on their database, and by two voluntary sector organisations (Amaze and Dialogue) to service users whom they knew to be adoptive parents. We asked parents who had experiences of using support services and who were willing to take part to contact us by phone or email. Seventeen families did so, of which 12 were interviewed. The interviews were carried out by telephone.

Interviews with adoptive parents explored:

- adoption preparation and discussion of support
- accessing support
- coordination
- providers' understanding of adoption
- identifying as an adoptive family
- hallmarks of high quality post-adoption support

Review of documents

We also scrutinised relevant policy, practice and guidance documents and Ofsted inspection reports; reviewed two directories of Brighton and Hove services, and reviewed the Ofsted inspection reports of all local authority adoption support services rated outstanding in their most recent inspection.

1.3 The parents and children involved

Characteristics of families

The families we spoke to had 17 adopted children between them, whose ages ranged from six to 20 (six children were aged under 11; 11 were aged 11 years and older)[1]. They had come to their new families at ages ranging from under three months to nine years, and had been placed between three and 16 years ago, with half the families having adopted up to seven years ago and half having adopted longer ago.

[1] We had hoped to talk to some children and young people as part of the project but this was not possible – see further Appendix 3.

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All had been approved as adopters by Brighton and Hove. For seven of the families, the child or children had been placed by Brighton and Hove. For five families, the child or children had been placed by another local authority. In these cases, Brighton and Hove would only have become responsible for providing support three years after the Adoption Order. The parents in all these five families had had contact with Brighton and Hove services , and significant support needs, after the three year point. But before that stage, adoption support would have been provided by the placing local authority.

Higher levels of support needs

Given our aims to map existing provision and analyse possible gaps, we specifically wanted to talk to parents who had used support services. So it is likely that the parents we spoke to have children with higher levels of support needs than the wider population of adopted children. The approach we took of asking parents to volunteer *may* also mean that the parents we spoke to are more likely to have had difficult experiences of help-seeking and of services, although almost all had also had some positive experiences and three parents were generally positive about the help their child was receiving.

Children faced a range of difficulties including behavioural difficulties; developmental delay, speech and language delay, sight and hearing problems; diagnoses of ADHD, Asperger's, attachment disorder; significant medical difficulties.

Certainly the situations and the needs of their children that they described paint a picture of children with extensive needs, of the intense demands of therapeutic parenting, and sometimes of great difficulty finding one's way around provision and accessing effective services. The needs of children varied. Some were described as very quiet and withdrawn, anxious, depressed or easily distressed; others as being very angry or oppositional, aggressive or violent towards parents or others. Some had regular contact with the police or were involved in anti-social or risky behaviour.

Across the group, children faced a range of developmental and health difficulties. Two young people had spent time in foster care since being adopted. Others had experience of school exclusion, alternative education, independent education, home education, therapeutic residential education or several school moves. Local authority Child in Need or Child Protection services had also occasionally been involved. Family life had been very hard for most of the parents we spoke to and this had impacted on health, relationships and ability to work. But the parents' very strong commitment to their children, their love for them and the rewards of adoptive parenting came across clearly in the interviews.

Rich learning from difficult cases

The likely balance of the group to children with more extensive needs and the fact that we carried out only 12 interviews, means that the interview data are unlikely to reflect the full range of experiences of adoptive families in Brighton and Hove. There is however rich learning to be gained from these parents' experiences, particularly set in the wider context of the evidence base and professional perspectives. The learning is particularly valuable because these cases involved enduring and escalating problems, re-referral, and contacts with service that did not result in effective support. Some involved interventions such as residential or specialist foster care that are extremely

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costly to systems. More importantly, they show the enormous burden placed on children's lives and on parents.

The experiences of the parents we interviewed thus provide important pointers to areas where there may be a need to strengthen provision. They also, alongside the interviews with service providers, highlight what we need to see as the 'hallmarks' of a high quality post-adoption support strategy, and the issues that require particular focus in the next stages of strategy development.

1.4 Structure of the report

In the next section we set out the policy and research context of adoption support. We also summarise what emerges from the literature and from our interviews primarily with adoptive parents but also with service providers as the features of a high quality post-adoption system. In Section 3 we map the current provision relevant to adopted children and their families in Brighton and Hove and in Section 4 consider where there are gaps. Section 5 looks at areas where our analysis suggests that particular thought should be given, in the next stage of strategy development, to strengthening provision. In the final section we highlight key considerations in taking forward the development of a multi-agency city-wide strategy for adoption support. We use verbatim quotations from the parent interviews to illustrate key points.

Structure of the report:
Section 2: policy and research
Section 3: current provision
Section 4: gaps in provision
Section 5: issues for the strategy
Section 6: taking the strategy forward

Appendices: further information on services and study methods

There is further information in two Appendices: Appendix 1 sets out detailed information about each service area we looked at, and Appendix 2 provides more information about the project methodology.

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2 Policy and research context

Adoption has become a task of therapeutic parenting

We begin by outlining developments in national adoption policy and provision. We then provide a brief review of the national and (limited) international research context of adoption support. We draw particularly on a recently-published overview of the Adoption Research Initiative (ARi) (Thomas, 2013) a national government-funded programme of research which included several studies which extend the evidence-base about adoption support. The research paints a picture of adoption having become a task of therapeutic parenting because of the early experiences of children adopted in the 21st century, with a need to normalise the use of continuing and adapting support from a range of agencies.

2.1. National policy context

Government's adoption reform programme: reducing delay and increasing the use of adoption

The Coalition Government launched a new adoption reform programme in 2012 with its Action Plan for Adoption (DfE 2012a; see also the subsequent policy document DfE 2013). Its focus has been on reducing delays in the adoption and increasing the numbers of children adopted from care. It has, however, more recently introduced or outlined measures which aim to improve the provision of adoption support services (DfE 2012). These include priority school admissions (from November 2012) and free early education from two years old for children who have been previously looked after (from September 2014). Adoptive parents are also to have the same rights as birth parents in relation to pay and leave. In addition, the preparation processes for prospective adopters is being changed with tighter timescales and more emphasis in the first stage on people interested in adoption exploring the issues and processes involved themselves.

The Adoption Passport

An 'Adoption Passport' has been introduced to provide adoptive parents with information about what they should expect from support services. It set outs national entitlements (eg to adoption pay and leave, assessments and re-assessments for support, priority in school admissions), when parents have the right to ask for help, and what it is they can ask for. The Passport makes it clear that social workers must share information about the child's health with adopters. Local authorities now have a 'duty to inform' prospective adopters and adopters about their rights.

The Adoption Passport sets out parents' entitlement to support
www.first4adoption.org.uk/

A duty on local authorities to inform adopters of their rights

Personal budgets to be piloted

Personal budgets for adoption support are to be piloted in a number of local authority areas and the government is legislating to extend them to all areas in 2015. These might be directed budgets with the local authority retaining control or a direct cash payment. The government hopes that these budgets will give adopters more freedom to buy the support that is most suitable for their families, and could also 'help to stimulate the market as parents buy the most effective services.'

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New resources:

- National Institute for Health and Clinical Excellence (NICE) commissioned to produce clinical guidance on attachment
- E-learning materials on a new DH children and young people's mental health e-portal to promote understanding of mental health and behavioural issues associated with adoption among health professionals and others
- Information and e-learning materials for adopters about behavioural and health issues at www.first4adoption.org.uk/

New information resources

The government also aims to address gaps in information, awareness and understanding of adoption with new resources aimed at professionals and adopters.

A new emphasis on adoption in policy and planning

Adopted children are already recognised as a key group in the Mandate from the Secretary of State for Health to the NHS Commissioning Board (DH, 2012a). This is mirrored in the revised statutory guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) (DH, 2013a) which emphasises that adopted children, along with other vulnerable children, have a high incidence of multiple and complex needs and that specific consideration should be given to their needs and how to meet them. JSNAs and JHWSs, undertaken by Health and Wellbeing Boards, will enable commissioners to plan and commission integrated services that meet the needs of their local community, in particular the most vulnerable groups. The importance of meeting adopted children's needs is highlighted in the Children and Young People's Health Outcomes Strategy (DH, 2013b) and in the Mental Health Implementation Plan (DH, 2012b).

Expanding the supply of services

In addition, the government aims to improve access to services by encouraging local and national commissioners of key services, including CAMHS, to recognise and address the needs of adopted children. There are plans to stimulate the provision of high-quality therapeutic support to enable more families to find the right support locally. DfE also provides grant funding to local authorities to support the implementation of a range of therapeutic support services including Multi-systemic Therapy and Functional Family Therapy, and is piloting a specialist group-based parenting programme designed for all new adopters.

Significant local authority budget cuts

Finally a further key aspect of the local policy context is the very significant reductions in central government funding for local authorities, which will continue into the future, and which have led to reconfiguration and reduction in children's services throughout the country.

2.2. Changes in the nature of adoption

Post-war adoption: relinquished newborns

Changes in the nature of adoption over the last 60 years or so help to explain the growing need for support for adoptive families. The changes have been related to changes in the purpose of adoption. Quinton (2012) suggests that the main purposes of adoption in the UK during the post second-world-war period were to provide a 'child for a home' and a solution for infertility: adoption was largely about the relinquishment of newborn babies. Simply placing a child in a family was seen as sufficient to deal with any concerns about the child's welfare.

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1960s: families in place of the care system

During the mid-1960s adoption became primarily about finding 'a home for a child'. This change was a response to concerns about the numbers of looked-after children whose needs were not being met in care. The children adopted during this period tended to be older than those previously placed for adoption. Many had 'special needs' in terms of having physical or psychosocial disabilities or came from ethnic minority groups. The general view, however, was that the love of adoptive parents would be sufficient for them to overcome any earlier adversities in their lives.

Now: developmental recovery for children exposed to abuse and neglect

Quinton suggests, however, that more recently the primary purpose of adoption has become to provide a child with a family environment which helps them to overcome the effects of early hardships and maltreatment – a 'family for developmental recovery'. He explains this, in part, in terms of the significant changes in the population of adopted children. Most children who have been adopted in recent years have suffered from maltreatment or neglect (Selwyn et al, 2006; Sunderland, 2008; Howe, 2009). Significant proportions of them (between 40 and 60%) will have been affected by parental substance misuse (Forrester et al, 2012), and parental mental health problems will also be prevalent.

Adoption for developmental recovery: 90% of older adopted children (placed aged 3-11) had experienced abuse or neglect at home, and 68% had experienced multiple forms. (Selwyn et al, 2006)

More exposure to harm than other looked after children

In fact, national statistics for England show that, excluding babies, children leaving care through adoption, special guardianship and residence orders are *more* likely to have entered care due to abuse or neglect than the overall looked after children population.

Of course not every adopted child experiences problems

This is not to suggest that every adoption is highly problematic. The ARi studies show that adoption, and stable long term fostering, can provide children with security and permanence (Thomas, 2013) despite these children's unpropitious starts to life. Many adopted children are happy and well-adjusted in their families, and all adopted children have different strengths and needs. Rushton and Dance (2002) point out that some children within sibling groups may have been less exposed than their siblings to maltreatment or neglect and may have relatively few problems. Others may have been bereaved and had stable and loving home lives before their parents died. Some children will have been well cared for in high-quality foster placements and prepared carefully for their transition to their adoptive family.

However, adoptive parents in the early 21st century will usually have to help their adopted children to recover from maltreatment and neglect. Quinton suggested that consequently the parenting skills and the continuing support that are needed by adopters differ significantly from those that were required of adoptive parents in the past.

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2.3. Implications of the changing nature of adoption for adoption support

Impaired neurological and psychosocial development

Our knowledge about the effects of exposure to maltreatment and neglect on children's brain development and endocrine systems has grown considerably in the last decade or so. We have a much better understanding that these effects can persist over time and of the negative impacts they can have on emotional, cognitive, educational, behavioural and social development (Hughes, 2012). David Howe suggests that the more children experience the extremes of maltreatment and neglect in their early lives, the more likely it is that their neurological and psychosocial development may be impaired (Howe, 2009).

Emotional issues raised by adoption: Loss, rejection, guilt and shame, grief, identity, intimacy and mastery and control (Evan B. Donaldson Adoption Institute, 2004)

Impact of foetal exposure to alcohol and drugs

Foetal exposure to alcohol and substance misuse during pregnancy may increase the risks of premature birth, reduced birth weight and reduced head circumference, and may also have enduring negative effects (Forrester et al, 2012). It may result in children having a lack of concentration and difficulties in gross and fine motor movements, and increases the chances of challenging behaviour. In addition, substance misuse in parents is linked to specific conditions such as ADHD, and alcohol and drug misuse in adolescence.

Attunement to adoption

Services therefore need to recognise adopted children's elevated risks of developing a range of emotional, cognitive, education, behavioural, health and social problems. It is also important for services to be attuned to the range of emotional issues that have been found to surface repeatedly in adoptive families, irrespective of whether children have experienced maltreatment and neglect. These reflect the emotional aspects of adoption itself and can have an impact on adoptive family members throughout their lives.

Over one-third of adopted children had clinically significant scores on the Strengths and Difficulties Questionnaire (Biehal et al, 2010) compared with 10% of the general population (Goodman et al, 2004).

These issues manifest themselves in ways which have clear implications for post-adoption support needs.

Emotional, mental health and behavioural difficulties

Adopted children who have experienced maltreatment or neglect may be rejecting, persistently non-compliant, violent or aggressive in their behaviour towards other children and adults (Rushton and Dance, 2002). They may develop mental health problems including depression, anxiety disorders, and mood disorders (Howe, 2009). A study of a large sample of looked after children found they had significantly elevated risks of conduct problems and ADHD compared with birth families. They found that 39% of the sample had behaviour disorders compared with 4% of the general population of children. For hyperkinetic disorders such as ADHD, the ratio between the sample and general population was 8% versus 1% (Ford et al, 2007).

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Attachment difficulties – but concern about over-diagnosis

Maltreated and neglected children may have disorganised, avoidant and insecure patterns of attachment. Dan Hughes (2012) explains that these attachment patterns then make it difficult for children to seek comfort and support, to accept guidance and direction and communicate openly, and to develop the sense of safety necessary to explore the world and develop autonomy. There is some concern that attachment disorders are over-diagnosed or that the label is too loosely used, and that focusing unduly on attachment can lead to developmental problems being missed or to appropriate evidence-based interventions not being used (Barth et al, 2005; Woolgar and Scott, 2013).

Attachment difficulties:
One study found that just over a quarter of parents reported their adopted child as having attachment problems (Selwyn et al, 2006). In a large UK sample of looked after children, 20% were identified with a broad set of attachment related problems (Ford et al, 2007)

Educational difficulties

In relation to education, Selwyn et al's (2006) study of adopted children found that 39% had a statement of educational needs or were a year or more delayed in language or reading. Thirty per cent were not in mainstream school and were instead excluded or in a variety of special day or residential units. The proportion of adopted children not in mainstream education was lower for the more recent ARi's Belonging and Permanence study (Biehal et al, 2010) - 18% of a sample of 65 adopted children. This may, however, reflect changes in school inclusion policy rather than changes in adopted children's levels of need. The Belonging and Permanence study also found that 11% of adopted children occasionally truanted, and in 35% of cases there were reports of behaviour problems in school.

Developmental and health difficulties

Early exposure to neglect and abuse clearly affects later health. The Selwyn et al (2006) study found that 43% of a sample of 130 children who had a decision that adoption was in their best interests had had delays in their growth. Nearly a quarter (23%) had had frequent infections, which had resulted in numerous courses of antibiotics. Twenty three per cent had had broken bones or burns. Chronic health problems such as asthma and eczema were noted for 11% of the children. Although information was partial, 31% had problems with coordination and gross motor skills. Referrals for hearing assessments were made for 12% of the children following hearing checks and 54% had some speech delay or other language difficulties.

Health difficulties:
Of 130 children with a decision for adoption:
54% had speech delay or language difficulties
43% had delayed growth
31% had problems with coordination and gross motor skills
23% had frequent infections
23% had broken bones or burns
12% referred for further hearing assessments
11% had chronic health problems
(Selwyn et al, 2006).

Helpful parent characteristics for adoptive parenting

Research on adoption outcomes and disruptions tells us about the characteristics adopters need to help them parent children with these kinds of difficulties. The Evan B. Donaldson Adoption Institute (2004) has highlighted that adopters need: commitment; a flexible and relaxed approach to parenting; realistic expectations; an ability to distance themselves from the child's behaviour; a willingness to work with the adoption agency, and understanding that adoptive parents having good

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information about the child is related to success. The Institute (Siegal and Livingston Smith, 2012) also highlights the need for 'communicative openness' (defined as free expression and discussion) about adoption and related issues within adoptive families.

2.4. Use and sufficiency of adoption support services

Parents say they need a range of support

Many adoptive parents who have participated in research say that they want or need the support of a range of routine and specialist services to bolster their parenting capacity for dealing with children's difficulties. The support needed may be of a psychological, health, educational, practical or financial nature. A recent survey of Adoption UK members (Pennington, 2012) found that the services they felt were potentially most valuable were local support groups, advice and information, training, therapeutic and mental health services, and financial support. Selwyn et al (2006) found that, in general and at any one time, about a third of a sample of 66 adoptive families wanted no support other than any allowance to which they might be entitled, a further third wanted support and advice, and a further third wanted multi-disciplinary assessment and interventions. Adopters also wanted help at different stages of adoption, and particularly at times of transition, such as the child starting or moving school, and during adolescence.

Children also want help

The children themselves may also want help beyond that offered from within their new families. A small study of adopted children (Thomas et al, 1999) found that the broad categories of help they particularly appreciated were talking about problems, talking about adoption and the past, being offered comfort and understanding, help with education and schooling, and, perhaps surprisingly, discipline.

Barriers to accessing support

The ARi's Belonging and Permanence study (Biehal et al, 2010) reported that by 2005 there had been a huge growth in demand for adoption support services. This was attributed to adopters hearing about the new regulations and to local authorities publicising their new support services. The Inter-agency Fee study (Selwyn et al, 2009) also found that most adopters knew about the support that was available and how to access services. There no longer seemed to be as much stigma associated with the use of adoption support services. However the Adoption UK survey mentioned earlier (Pennington, 2012) highlighted the need for local authorities to be proactive in providing clear information about available services, parents' legal entitlement to request as assessment of need for support services, and about the role and function of the local authority Adoption Support Service Adviser.

Other barriers identified by the Adoption UK survey were professionals' limited understanding of adoption, money and finances, agencies not recognising or understanding adoptive families' problems, and poor working relationships between agencies. There is also evidence that parents are concerned about being perceived by agencies as having failed if they ask for support (Pennington, 2012), and that some parents did not want services because these might undermine their attempts to view themselves as 'normal' families (Biehal et al, 2010).

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Adopted children do not have the same entitlement as looked after children

A recent survey of local authority post-adoption support (Holmes et al, 2013) raised issues about the negative impact adopted children's legal status can have on their eligibility for support. The report notes that adopted and looked-after children have similar complex needs but adopted children's legal status means that they do not have access to some of the additional support services that are currently available to their looked-after peers (eg designated teachers who monitor and provide support for looked after children's learning). Within some services, adopted children were given less of a priority than looked after children. This was linked to a lack of acknowledgement within services about the impact of prior trauma, abuse and neglect experienced by adopted children.

The ARi's Belonging and Permanence study gathered information from 59 adopters about the services their children had received during the past year. Most of the adopted children in the sample had been living with their adopters for at least five years. It is difficult to compare these service usage levels with the general population: they are likely to be higher although the proportions of children receiving support from for example a child psychiatrist (15%) and a clinical child psychologist (14%) seem low given the levels of adopted children's emotional and behavioural difficulties noted above.

Gaps in provision

The survey of local authority post adoption support (Holmes et al, 2013) found that the services most commonly identified as having gaps in provision were those most frequently requested by families. Gaps in provision were often identified among CAHMS and therapeutic services, as well as educational support. The report also noted that insufficient resources were inhibiting the provision of adoption support. There were concerns that the increase in the number of children being placed for adoption resulting from the government's adoption reform programme will place further strain on limited resources.

Support received in the last year by children in a study of 59 adopters - most of the children had been living with the family for at least 5 years (Biehal et al, 2010)

	%
Social worker	31
Adoption agency	27
GP or paediatrician	51
Speech therapist	17
Child psychiatrist or psychologist	23
School/teachers	81
Educational psychologist	27
Education social worker	17
Short breaks/respite	8

Parents are positive about support provided early

When support is provided soon after the adoption has begun, recent research has found that the majority of adopters are highly satisfied with it, although there were more mixed experiences of children's social workers than post-placement adoption workers (Farmer and Dance, forthcoming; Selwyn et al, 2009).

Support is stretched at higher levels of need

However, adoption support systems appear to be particularly stretched for the families in high levels of need. The 37 families that took part in the ARi's Enhancing Adoptive Parenting study (Rushton and Monck, 2009) were recruited into the study because of the high level of their children's problems. A large proportion did not feel

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that the family's needs for support had been appropriately met. A high proportion of them had waited an exceedingly long time for specialist services for their children. Some had paid for the private provision of a service. Parents described not getting help that might have made a difference to their child's integration in primary school, acquisition of friends, and happiness at home. Parents expressed anger and disappointment about the lack of timely support.

The general message from Selwyn's (2006) earlier study, too, was that the services that were provided were 'too little, too late'. Adopters also felt that universal services had too little understanding of the needs of adopted children. Adopters wanted the opportunity to request a multi-disciplinary assessment and to have access to services that could address problems holistically.

2.5. Information for the development of support services

Poor information about service needs and use

Despite its critical importance for the monitoring and planning of services, it is very difficult to access data about the take-up of support services. Knowledge about families' demand for post-Adoption Order support mainly comes from research rather than the routine collection of local and national statistics. At a local level agencies may collate information from individual adoption support plans and up to the point at which Adoption Orders are made. It is, however, a bigger challenge to do so post-Adoption Orders when families access support from many different agencies, over a long period of time. After Adoption Orders are made, agencies can collect data from the families that seek advice or request an assessment for support. Agencies are, however, unable to collect routine data about adoptive families who lose touch, or move out of their authorities and seek support from another agency. It is particularly difficult to include data about children placed by other agencies or who have subsequently moved into their areas. Only 12 of the 42 local authorities that responded to the recent survey of post-adoption support (Holmes et al, 2013) reported that they held some information on their management information systems about the number of adoptive families that requested an assessment of need for post-adoption support, and the quality and accuracy of these data were described as mixed.

2.6. Support as part of the 'ecology of parenting'

Agency capacity an inherent part of parental capacity

This growing body of research highlights that support needs to be seen as an embedded aspect of adoptive parenting. Assessing children's developmental needs during matching is inevitably partly speculative, except in relation to any obvious and well-understood serious difficulties. Needs are anyway likely to change as the adopters adjust and re-adjust to children's development over time. Quinton (2012) argues that adoption support therefore needs to be seen as part of the *ecology of parenting*. It should not been regarded as something that only takes place at the start of the adoption process or is 'put in' when difficulties arise. Using support should be framed as a manifestation of parental strength, not failure, and agency capacity needs to be seen as an inherent aspect of parental capacity.

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2.7. Features of an effective post-adoption support system

From the existing evidence, and reflecting also new policy directions and the interviews we carried out with parents and with service providers, we can develop a framework of the key features of an effective post-adoption support system. We use this framework in our analysis of provision in Brighton and Hove and to identify areas where consideration should be given to strengthening provision in the next stages of strategy development.

Services needed

Support for therapeutic parenting

Emotional, behaviour and mental health services

Educational support services

Developmental support

Health services

Facilitating access

Information about the child's needs

Information about the services available

Feeling positive about using services

Multi-dimensional assessments

Timely provision

Service features

Understand impact of adoption and abuse

Holistic or coordinated provision

Attuned to transitions

Partnership with parents

Policy and planning

Information for service planning

Adopted children recognised as a key group

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3. Mapping service provision

In this section we look at the support available to adopted children and their parents and how this maps on to their needs. We have categorised needs and services into four very broad groups: emotional, behavioural and therapeutic support for children; learning support; child development and health support, and support for parents. These groups overlap (and we would particularly not want to draw a false distinction between support for children and for parents), but we think they are a useful way of looking at needs and available services.

Four broad groups of service need:
- emotional, behavioural and therapeutic support
- learning support
- child development and health support
- support for parents

Our mapping of provision draws primarily on the interviews with service providers but we also carried out further desk-based research particularly using two directories to which our attention was drawn: the Costed Directory of Effective Interventions (Phase 3) and the 'Where to Go For' website which provides information about services for young people.

A wide range of service provision – a rich resource

We have identified a very extensive range of service provision that touches on, or works very directly with, adopted children and their families. This spans support from early years to early adulthood; support which begins well before a child is adopted to issues arising many years later; provision from universal services to highly targeted specialist interventions; help at different levels of need from preventative through supportive to therapeutic services; and provided by a wide set of partner agencies in different settings. This is a real strength to draw on in developing a multi-agency strategy for post-adoption support.

No specific provision for adopted children and their significance as service users varies

Beyond the Adoption Service, none of the services we identified have specific provision for adopted children and their families. As one would expect, the significance and identifiability of adopted children and their families as service users varies considerably between services. At one end of the spectrum were services which it was assumed adopted children and their families use but where there was no particular awareness of them doing so. At the other end were services where adopted children and their families were a highly significant group either as the focus of the service, or as 'looked after children' (in some contexts the term includes adopted children), or as part of a clinical group such as children with attachment difficulties.

3.1. What support do adoptive families need and what is available locally?

Emotional, behavioural and therapeutic support

Children need support to help them overcome trauma and manage feelings arising from early childhood experiences, and to manage feelings about and make sense of being adopted. Parents talked about this also including opportunities for contact with and peer support from other adopted children, as well as support from specialist mental health services.

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The key services we heard about are:

- Therapeutic interventions: CAMHS provides a wide range of therapeutic interventions at Tier 2 and 3 Family therapy is also provided by the Family First Team (Functional Family Therapy), Dialogue, CAMHS and other independent providers. Counselling is provided through most primary schools and some secondary schools by Dialogue, and in the community by Dialogue and the YAC Counselling Service

Services provided by CAMHS:
Art therapy, anxiety groups, mindfulness groups, Theraplay, Year 6 transition group for children moving to secondary school, short term mental health intervention, individual and family therapy

- Advice and consultation around emotional and mental health including by specialist BME and LGBT workers is provided by Teen to Adult Personal Advisers, and MIND provides advocacy for young people with mental health problems

'There was a big breakthrough at primary school when she got to see the school counsellor and that made a massive difference because she felt safe and she was able to say these things to someone else and it helped her make sense of it all.'
Parent

- The Adoption Service provides support for contact with birth families, both 'letter box' and direct contact and is planning to set up a support group for adopted children and young people

- Support through Children's Centres: including baby massage; nurture groups for under 5s; 'Feeling Good Feeling Safe' group for under 13s to build self-confidence and support networks

- Support for young people affected by substance misuse through Young Oasis, the Young Offender Service, youth workers and RU-OK

- The Break for Change group programme for children who have been violent to their parents is run by the Youth Offending Service

- Targeted Youth Support is provided through individual and group activities by youth workers for young people with multiple risk factors, and the Youth Crime Prevention Service works with young people at risk of crime and anti-social behaviour

- There are sexual health and teenage pregnancy intervention services run by youth workers and school nurses. Support with job search and for young people who are not employed, in education or training including personalised support is provided by the Youth Employability Service. The Young People's Centre and Youth Advice Centre provide advice, activities, sexual health services and job search support, and Right Here provides resilience building activities

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- There are also equality projects including for young BME and LGBT people, support and empowerment for BME young people from BME YPP and for young LGBT people from Allsorts

Support for learning

Children need support with learning, recognising that they may have developmental delay, learning difficulties or difficulties with speech or hearing. They may also have difficulties with adapting to the school environment, managing their own behaviour, engaging in school activities and making positive friendships. Some of the children of the parents we spoke to were in independent or special schools or were being educated at home.

In terms of the support available:

- the Adoption Service has a specialist Adoption Support Teacher who, with other members of the team, provides guidance and training for schools to support adopted children with a strong focus on attachment, individual development programmes for children and a support group for key adults working with adopted children in schools

- Schools and the SEN and PRESEN services provide a wide range of support including teaching assistants, literacy and language support, sensory needs support, speech and language therapy

- the Educational Psychology Service carries out direct work with children, school staff and parents including Video Interactive Guidance for enhancing communication and provides solution-focused drop ins for parents, teachers and other professionals

- the Virtual School monitors outcomes, provides out of school activities and fulfils a support and challenge role in relation to the education of looked after children, including supporting adopted children during the transition to their new family

- Amaze provides education advice and casework for disabled children including significant numbers of adoptive families

'[Amaze] were really, really good at supporting me around the educational side and helping me to get a statement … and to keep my sanity.' Parent

- Brighton and Hove also provides FAST – Families and Schools Together - which provides strengths- and network-based support for families

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Child development and health

Adopted children may also need support for a range of child development and wider health issues – issues that may have been identified before they are placed or afterwards.

- The Integrated Child Development and Disability Service (ICDDS) provides a wide range of support including occupational therapy, physiotherapy, speech and language therapy, nursery nurse and health visiting, the PRESENS service, paediatric, social work and psychology services. An innovative sensory modulation project is currently being piloted

- ICDDS also provides information, service coordination, keyworker support and short breaks for disabled children

- There is an enhanced health visiting service for children or families identified as needing more intensive support. Children's Centres provide healthy child clinics and outreach work, a Chatterbox Group and home visiting for children with speech and language delay, and play and family learning support and groups

Support for parents

Parents themselves need information, advice, strategies, training and support to understand what their children need and how to provide it through therapeutic parenting. They also need emotional support to get through very demanding times. And they need information and access to benefits and financial support.

- The Adoption Service provides telephone advice and guidance, individual family support for complex adoption cases and workshops and training that continues after parents are approved for adoption. It has a lending library of books and other resources for adoptive parents

- The Adoption Service runs a babies and toddlers' group, a group for parents of BME adopted children and supports a group for LGBT parents; a group for parents of older children was run until it closed last year because of low take-up but the Adoption Service is discussing reintroducing it. It also runs annual Fun Days and picnics for adoptive families

'[The fun day] is three hours in the whole year when I can totally relax as a parent …. Those three hours are really, really precious.' Parent

- The Adoption Service provides an open information service for Brighton and Hove children through which parents can access information about a child's history from case files with the support of the Adoption Service at any point in the child's minority. Medical and family history information and access to a community paediatric consultant to discuss it is provided at the matching stage and can be accessed later

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- Parents had also accessed continued training through BAAF, the Post Adoption Centre, Family Futures, Adoption UK and Amaze, and had educated themselves through reading and consulting widely

- CAMHS provide direct support to parents, either alongside support for children or in cases where they are not also providing direct support to children

- Leslie Ironside is contracted by the Adoption Service to provide time-limited psychotherapeutic support to adoptive parents. Psychotherapeutic support from independent psychotherapists is also accessed directly by families on a self-funding basis

- Triple P group and individual parenting programmes are provided by several providers, including Stepping Stones Triple P which is adapted to children with complex needs and provided by Amaze

- Amaze provide a helpline, information and casework relating to Disability Living Allowance and advocacy support for parents of disabled children

- Dialogue provide family support workers and family therapy

- Safety Net also provide groups and workshops for parents and families and individual family support

- The Children in Need team and child protection services provide support where a child needs additional help to support their development or prevent significant harm

Need to ensure this extensive support forms a coherent system

Overall this represents an extensive set of services which is a very valuable resource to draw on in the next stage of strategy development. It is however also a complex picture, and perhaps one that it would be difficult for any individual service provider, or parent, to understanding in any detail. There were many examples in the interviews with parents where parents were not aware of a form of provision that is in fact available in Brighton and Hove. This raises an important issue, discussed further in the next section, about how the current range of services can be developed into a coherent and structured system of provision, and how parents' access to information about the services available can be improved.

In Appendix 1 we provide more details about most of the areas of provision listed above, describing the staff group; referral routes, eligibility criteria and assessments; what is known about their use by adopted children; and key interventions or support provided.

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4 Gaps in provision

Our interviews and analysis identify a number of areas where provision could be enhanced – either where parents wanted a service that was not identified in our map of provision, or where a service exists but appears to have particularly constrained capacity. We noted in Section 2 that national research highlights similar gaps in provision.

Therapeutic interventions for children

A key area is therapeutic interventions for children. There were parents whose child had either not received any intervention despite several attempts to access one, or who had been told that the type of services they wanted could not be made available. Services providers similarly reported availability of their own or of other services being restricted or rationed. We also heard mixed views among those involved in providing intensive therapeutic services to adopted children and families about whether there is a need for new, additional services.

> *'I've never got anything from CAMHS …. I can't work my way through the system at all and I find it very, very frustrating.'* Parent

There may be value in a small multi-disciplinary group (perhaps based around the existing CAMHS liaison group) reviewing cases where more intensive support needs were identified, mapping needs against what was provided and identifying gaps in provision. It will be important to explore whether gaps identified relate to interventions that *were available* locally but were not provided in this case, or suggest a need to provide *additional* evidence-based intensive therapies that might be introduced into current practice or accessed in other ways. Gaps in provision are likely to arise from capacity constraints, from missed opportunities for multi-disciplinary or multi-agency working and from interventions that are not available, and of course they require different solutions.

Support for children's social development

The second gap area identified by parents is in support for social development for adopted children of different ages: play and leisure opportunities for children with challenging behaviour in a safe environment where staff and other parents will understand and help to manage behaviour; peer group support for older children (teenagers and younger)[2]; and support and advice for children and young people about talking to peers and others about adoption, such as the Wise Up programme.

> *'A TA was allocated to be her key adult but she only worked three days a week. They did what they could but it wasn't enough. They had to fund her out of current resources and it would have needed a lot more intensive work to [make a difference].'* Parent

[2] As noted earlier the Adoption Service is developing plans for this

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Learning support

Parents often felt the support provided by schools was too limited. They were conscious of schools needing to stretch funding across many children, and the difficulty of accessing further resource through the SEN statementing process was also noted. The Adoption Support Teacher in the Adoption Service and the professional networks that have developed from that work are widely reported to have been very influential in improving understanding of adoption and attachment in primary schools, which are the focus of the work. However, capacity is constrained, and there were concerns that schools were not always willing or able to make the changes and incorporate the strategies required.

'Pre-school … were very good. Once they're in school, [support] starts to get a bit lost. I dread to think what it's like when they hit secondary school … They still need support then … they're super-[sized] schools' Parent

Learning support in secondary schools

Our analysis suggests that more work is also needed by and with secondary schools. Despite the endeavours of the Adoption Service it has been harder to stimulate interest in support among some secondary schools. The challenges that adopted young people face are if anything greater at secondary school, with a less supportive school environment and structure, more focus on attainment and more complex peer-group interactions combining with adolescence and young people's changing sense of self-identity. Schools therefore need to develop the understanding of their staff of adoption and of effective strategies for support the learning and development of adopter children. There are a number of services that could contribute to this work, including the Adoption Support Teacher, CAMHS, the Educational Psychology service, the Virtual School and both primary and secondary schools with more effective support strategies in place. However it would be particularly beneficial if the work were led and 'owned' by schools themselves.

Child development services

No specific gaps in provision were noted in relation to child development support, but parents and service providers described long waiting times for assessments and services.

Respite care

Although Brighton and Hove City Council has short breaks provision for disabled children, we are not aware of any provision in the city of respite care for adopted children and their parents, short of local authority accommodation being provided under section 20 of the Children Act 1989. For a small number of families facing the most intense pressure, this is likely to be an important aid and it would be useful to explore ways in which such provision could be stimulated or supported.

' [I was told] the only way there would be any [respite care] is if you issue a section 20 application …. There's got to be a more available in a less complicated way. A place you can go for the weekend where the kids will enjoy it, the parents will enjoy it. You can only get respite when things have become completely dire.' Parent

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Support from the Adoption Service: on-going contact

Our analysis suggests there is scope to extend the work of the Adoption Service in several areas to establish more firmly a continuing relationship between adoptive families and the Adoption Service. First, we think there would be value in extending proactive regular contact with parents, not only in the months following the child joining the family but also continuing if needed for much longer.

Extending parent support groups

This is not a straightforward issue since at this stage parents have just 'passed' what many see as a gruelling, and sometimes intrusive, selection process, and many will be keen to focus on forming a new without the scrutiny of the local authority. However, many of the parents we spoke to had been surprised that proactive contact ended with the Adoption Order. Although they knew they could contact the Adoption Service if they needed help, they felt this was an option at a fairly high level of need. They felt they would have valued continuing, informal and low-level proactive contact by the Adoption Service within which they could have mentioned early difficulties sooner. The Adoption Service provides information at more than one point during the matching process and up to the Adoption Order, but the parents we spoke to had had quite different expectations and understandings of what continuing contact would be available. Of course, we were talking to them about events some way in the past. But our research suggests there would be value in reviewing whether messages about what support is available from the Adoption Service, for how long, and on what basis, need to be clearer and more specific in Adoption Support Plans and in other communication.

Second, many of the parents we spoke to would welcome parent support groups for parents of older children[3], particularly with a degree of structure or focus and scope to bring in external expertise from social workers and other adoption specialists as well as accessing peer support and advice.

'I think it would be massively useful to have a group for parents of older children – it's a big gap.' Parent

A rolling programme of training

We are aware the Adoption Service is already looking at extending the programme of parent training and workshops post-adoption, building on existing workshops on talking to your child about adoption and supporting your child in school. A rolling programme of sessions should be developed in partnership with adoptive families. This might also provide an opportunity to extend the involvement of other services and professionals from partner agencies in adoption preparation and support, modelling multi-agency commitment to post-adoption support.

Possible topics for a rolling programme of workshops:

- family dynamics
- play
- attachment
- the impacts of abuse and neglect on child development
- typical and a-typical development
- life story work and helping children understand early childhood
- managing behaviour at different ages
- supporting children through change and transitions
- supporting contact with birth families
- making full use of wider service provision.

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[3] As we noted earlier, such a group ran until last year and the Adoption Service is considering options for reintroducing a group following approaches by adoptive parents.

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Buddying or mentoring service

Consideration might also be given to setting up (or accessing existing provision for) a buddying or mentoring service, with either trained and supported adoptive parents or other professionals available to support parents.

An adoption-specific parenting programme

Brighton and Hove does not currently deliver a parenting support programme specifically designed for adoptive families. The standard Triple P models delivered in several settings across the city include some approaches that will not be appropriate for adopted children particularly those with attachment difficulties. Amaze (and possible others) provide Stepping Stones Triple P which is adapted to children with disabilities. Amaze tell us that it is common to have adoptive parents in this group and that they adapt the content further to cover attachment and other adoption-specific issues.

There are a number of adoption-specific parenting programmes and we recommend Brighton and Hove explores further the need and scope for introducing an adoption-specific parenting programme. They vary in whether they are intended for all adoptive families early in the adoption or for families where children have particularly challenging problems. It will be important to work with adoptive families and partners to confirm whether a programme would be welcomed and used, and identify which will be most appropriate. It would also be useful to explore whether an early preventative programme and a programme targeted to higher levels of need might be delivered in tandem.

As we noted, the gaps identified are likely to reflect constraints on capacity that will be found across local authorities and reflect national funding constraint. The parents we spoke to were very conscious that resources are limited, but some stressed that more. money needs to be put into the system if the government's objectives of greater use of adoption are to be achieved.

'The most important thing is that some proper money goes into it rather than moving the chairs around. Because as an adopter what's frustrating is when government makes a push for more adoption to take place but they don't follow it up with any additional resource in terms of post-adoption support.' Parent

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5 Strengthening the post-adoption support system: issues to consider in strategy development

In this section we discuss what emerged from our analysis as key areas where provision might be strengthened, and which we suggest should be the focus of further work as part of developing the post-adoption support strategy.

5.1. Creating a coherent system of provision

A coherent system of provision:
- structured by tiers or level of need
- understanding of pathways and how services fit together
- awareness of other provision and where to refer
- no request for support turned down without a viable alternative source of support identified

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A coherent system of provision

As we have noted, there is a rich but potentially bewildering set of current services on which adoptive families might need to draw. We think the next stage of strategy development should include work to develop this existing map into a comprehensive and continuous system of provision.

By this we mean that it would be structured by different tiers or levels of need from an early offer of support to all families to intensive support for children and families facing more difficulty. There would be an understanding of the pathways that might be followed by children with different needs, and a sense of how different services fit together to create the right comprehensive package of support. All service providers would be aware of other provision and would know where there is more expertise or resource for particular issues. There would be an understanding of the scope, remit and thresholds of services and of where to refer on. The expectation should be that no request for help or information is turned down by any service or provider without a viable alternative resource being identified. This requires understanding of the other services available and agreement between providers about which other services should be suggested if one service cannot meet a family's needs.

'I was just passed from pillar to post. There's no written offer, if you like, of what's available. Everybody tried to pass me on to someone else, no one would take responsibility.' Parent

Multiple entry points

Access supported by the Adoption Service

The system would need to allow multiple entry points but there should be clarity about the services that are likely to be particularly important entry points. The Adoption Service is obviously key here and was an important first port of call for support, both for advice and strategies and for information about and

'We mentioned [to the Adoption Service] about the paediatrician and OT appointments taking about a year or so. [She] got on the phone … and we were able to get started straight away …. We were lucky to have people on board to advocate for us to be able to get those things much more quickly.' Parent

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referral to other services. Some parents felt their referral to other services (such as CAMHS, the ICDDS or educational support) had been accelerated or taken more seriously because it had come through the Adoption Service, although others described just being given written information or advice without discussion of specific services that might help further.

> *'[The school said] everything was fine, fine, fine …. [After seeing child in class] I had a lot of concerns. It was like a different child in the classroom – she was quite withdrawn, not engaging, not focusing, fidgeting all the time – the behaviour just wasn't right.'* Parent

Entry supported by schools – though only for 'school-shaped' problems

Schools and pre-school settings were also very important routes to support among the parents we spoke to and had been the access point for learning support, the education psychology service, speech and language therapy, CAMHS, the ICDDS, the Adoption Service education support and counselling. This seemed to happen more for children whose learning was delayed or whose behaviour was challenging for the school to manage. It seemed harder for parents to get the attention of the school for children who were extremely anxious, unhappy, quiet or isolated, who might present as unusually quiet, compliant and well-behaved in class with learning in line with expectations. This suggests a need for schools to be more aware of the range of needs adopted children might have and of how to recognise them – a point we return to further below.

Self-referral and referral by other professionals will also remain important. But the aim should be that parents experience a collective responsibility and collective efforts to help them find the help they need and do not experience being passed 'from pillar to post'.

It will also be important to make this coherent picture of service provision visible to adoptive families – not only in adoption preparation, continued training and information given during the matching stage, but also as a resource that can be accessed by any adoptive parent at any stage. The Adoption Service current operates a closed website available to adoptive parents which provides information about services but not all the parents we spoke to were aware of this, and it may be more helpful to make information available on the main Council website and on the websites of other key organisations.

Checking the 'fit' of services for adopted children

Finally, given the range of provision and the fact that very little is specifically for adopted children, there may be value in clarifying the 'fit' of some interventions or approaches with the needs of adopted children. As we have emphasised, adopted children use generic as well as specialist services and it is clearly important that universal provision available to other children should also be available to them. However we heard in the interviews about adopted children or parents having poor experiences of services or group activities which were not tailored to adoptive families and where their particular needs were not well met. We also heard concerns about short term interventions and their appropriateness for adopted children particularly with attachment difficulties, although the value of focused interventions which deal

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effectively with specific issues and which build a positive relationship with a service was also acknowledged.

This suggests there may be value in services systematically reviewing their existing provision for its suitability to adopted children and their families. Our suggestion is that a lead group of practitioners and parents develops a framework or set of criteria describing the features of 'adoption sensitive' services, based on the existing evidence base about support needs and effective interventions and drawing on the features of effective services we summarised in Section 2.7. The framework could then be used by all services to critique their provision through an adoption 'lens', identifying where adaptations need to be made and agreeing which services fit best with the issues raised by adoption.

5.2. Coordinated and systems-based working

'This has to be the biggest battle, to try and work my way through the system and see how things link up. We're making progress now because I've had an educational psychology assessment and an assessment by the Seaside View child development centre so things are sort of beginning to come together now. Before that I was a bit at sea.' Parent

Improving the coordination of services

We think it will be important, in the next stage of work, to look at how existing provision can be better coordinated. The interviews with parents highlight how challenging it is to find one's way through unfamiliar systems.

Holistic or coordinated assessments

This process needs to begin with either holistic or individual but coordinated assessments, for example linking children's mental health and developmental needs, their school and home experiences. Parents want a holistic and coordinated approach to assessments with services working together to identify or rule out diagnoses or options. If a single assessment is not feasible because specialist assessments are needed, there should be coordination and joint work. Delaying one assessment until another has been carried out means a long drawn-out process for parents and children and should only be done where necessary. Ensuring that all parents are aware (not only at the time of preparation and approval but continuously) of their right to ask for an assessment of support needs from the Adoption Service is also important here.

Transparency and honesty about assessments and a clear link with support

Parents wanted a clear and decisive message about what their child's needs were and what services are available and appropriate. Of course it may not always be clear what the child's needs are given the complexity of the issues concerned, their often dynamic nature and the fact that the child is part of a complex family system. But transparency and honesty are very important to parents including if the child's needs remain unclear, if no appropriate provision is available, or if it is available but the threshold for eligibility has not been met. There also needs to be a clear link between the assessment and the offer of support. Some parents described being offered particular forms of help before the assessment had been undertaken, or particular conditions or needs being identified without support being offered by the services or alternative services identified.

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Coordinated service delivery

Coordination in service delivery is also important. Several service areas emphasised strongly the importance of systems-based working, actively engaging the family, social and professional systems around adopted children. This is an aspect of how CAMHS and the Adoption Service aim to work in complex adoption support cases, and the Integrated Child Development and Disability Service (ICDDS) works through multi-disciplinary teams. Parents see coordinated and holistic approaches as an important hallmark of quality. They need support which is team-based with services working together, sharing information appropriately and supporting other services working with the child.

> *'We've got a team around him and we're exploring everything …. Collectively I can see that through all the support and teamwork and communication, things are moving in the right direction …. We've got a team that I think is pretty unique.'* Parent

Parents were sometimes surprised that services with which they were working concurrently did not share information about assessments, plans and progress. This suggests there is a need to clarify expectations of coordinated working, particularly in relation to information-sharing and team-based working, and when and how the Adoption Service should be involved. Clearly, services will be working to the principle that information is only shared with consent. However the research suggests the value of work between services to agree why and with whom it might be beneficial to share information and to set up processes for this, and to be proactive in discussing and agreeing with parents what they want to see in terms of information-sharing and how they want to be involved.

Advocacy and key worker

There was clear recognition of the importance of advocacy or other support to help adoptive families to find and access support, to negotiate a pathway between services and professional groups, and to coordinate services. For some families the Adoption Service, coordination by the school or a CAF process was playing an important role. However, we think there will be value in reviewing whether and where capacity for this support needs to be extended, and whether it might be formalised in a 'keyworker' or similar model.

A key worker role:

- linking between services to share information and support consistent approaches
- advocating to services
- coordinating meetings
- chasing progress
- making suggestions for next steps
- helping parents to make decisions about service use

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The model would need to provide more than just coordination *within* a service and would need to link *across* services. Such a role could be sited within the Adoption Service, but another approach would be to have a number of designated key workers

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across the key services likely to be involved, so that the key worker role would be provided by whichever is the lead or other most appropriate service.

5.3. Timely and proactive services

Support at all stages but especially at transition points

Adopted children need services at all stages, from birth or when they became looked after to becoming service users many years after the adoption began. In the interviews with parents and service providers, they were particularly identified as using services at key development and transition stages:

- early when they join their new family, to help with the transition and with early signs of distress, and to help parents help children to identify with their new family
- in early years, as developmental difficulties start to become clearer
- around age 5-7 when children start primary school and begin to make their own sense of adoption
- when they move to junior school
- at the transition from primary to secondary school
- at adolescence as they make sense of adoption in the context of wider development change and changing self-identity
- and at the transition from secondary school onwards

> *'The timing of it is really crucial. When a parent actually realises that something isn't right, the intervention should be then. They should be preventative. They should be supportive at the right time – not after years, when it's gone too far almost.'* Parent

Timely help is essential

The importance of timely help was emphasised by parents and providers, to address problems early and prevent them escalating and creating additional problems. Parents described children being less willing to access support or go through assessments as they grew up, and help sometimes being provided so late that it no longer felt to them like the solution to current problems.

Delays in hearing about DLA

Both providers and parents talked about it being common for parents to find out about entitlement to Disability Living Allowance only some years into adoption.

Reviewing coordination of services around transition points

Given the importance of transitions, we suggest that some thought is given in the next stages of work to looking at key transition points and how well they are addressed by current service provision, particularly with an eye on how well coordinated services are at transition points.

Transitions can be anticipated and an early offer of help made

There is also scope to consider whether support needs can be anticipated and an early offer of help made by the relevant service. The parents we spoke to would welcome a more proactive approach. For example they suggested that where a child with a high likelihood of support needs is adopted a package of support should be planned in advance so that it can be drawn down on if needed, and regular assessments where difficulties have been identified. Information about adopted children's ages might be

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used by services to make a targeted offer of help at particularly transition points linked with age. For example when a child was due to move from primary to secondary school, a learning support service, school, CAMHS or the Adoption Service could make proactive contact with an informal and non-threatening message about the fact that this can be a difficult time for adopted children and providing information about the support or advice available from different agencies.

5.4. Partnership and strengths-based working

'We've worked with the school. He's at a fantastic school now but we've had to lead them in the whole process of helping or supporting children like him.' Parent

Valuing parents' knowledge and insight

Both parents and service providers emphasised the importance of working in partnership with parents. This was seen as developing a shared understanding of the child and their needs, with neither parent nor provider minimising the impact of the child's behaviour on the other. It means recognising the skills, knowledge, insight and strengths of parents, and using specialist knowledge to build on and extend these – not relying on the parent to identify what the child needs, but including them appropriately in decision-making.

'[Adoption social worker] has been an absolute life saver and she's still with us. There has never been a moment's judgement of us – there's been nothing but empathy and support and advocacy on our behalf. She's brilliant.' Parent

Parents want an approach that helps them to manage and support their child better without feeling pushed out, blamed or judged. It was particularly difficult for people to turn to Child in Need services and, for some, to the Adoption Service. They want an approach that, if a parent needs support, sees the good care of their child as a shared responsibility – one in which there is still scope for the parent's own assumptions and behaviours to be questioned, challenged and developed. And they want services to recognise how hard it is to parent a child who is unhappy or challenging, and to show care and concern for them as well as for their child.

5.5. Adoption competent services

'I just felt I couldn't really … comment on anything without getting … a very defensive [response] – 'are you criticising the work we're doing in our team?' It's not that. It's just we're a parent and this is part of a family here. I felt at times the partnership was 'do as you're told'.' Parent

Understanding of adoption across services is seen as patchy or mixed

A key strength in local provision is that there are professionals with extensive expertise in adoption in several service areas. However, providers and parents described the understanding of adoption among services and professionals generally in Brighton and Hove as being patchy or mixed, particularly outside specialist services such as CAMHS and the Adoption Service. Several of the service providers we spoke to felt it could be stronger within their own staff group. Parents described

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schools learning about the needs of adopted children, or children who have experienced trauma, alongside and from parents who shared their developing knowledge with schools. They felt that schools and other services need to do more to understand the significance of trauma and maltreatment in the backgrounds in adopted children, the particular issues that adoption overlays on this, and how they may need to adapt environments or approaches to the needs of adopted children. More awareness might also help schools to be sensitive to the impact on adopted children of learning strategies such as asking children to bring in baby photos or to draw a family tree.

Avoiding dismissive or minimising responses

Parents often felt they had to ask repeatedly and push very hard to get their child's needs taken seriously when they asked for help. Dismissive comments such as being told their child's behaviour was *'normal'* when to the parent it seemed anything but, being told before a proper assessment that their needs were *'borderline'* or unlikely to be sufficient to trigger help, or diagnoses being made or terms attached to their child before a full assessment were all unhelpful.

An adoption competent professional:

- Understands the additional issues raised by childhood abuse and maltreatment, attachment difficulties and adoption
- Understands how to adapt their own work and relationships with adopted children
- Recognises when they need additional information and support and knows where to access this
- Recognises when a child's needs are beyond what they can meet and knows when, where and how to signpost or refer a child to another service

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Strengthening adoption competency

This highlights a need to strengthen the *adoption competency* of non-specialist services and of professionals within them.

A rolling programme of training for professionals

Several of the agencies we met with already provide training or consultation on adoption, attachment or the impact of abuse and neglect, including CAMHS, the educational psychology service, the SEN service and Dialogue as well as the Adoption Service. We suggest the next stage of strategy development involves reviewing the training available and establishing a continuing programme of joint training at different levels across a range of professional groups. This should connect with DfE's plans to produce e-learning resources for professions working with adopted children, particularly health professionals, about the behavioural and mental health issues that adopted children may face, to be made available on a new DH children and young people's mental health e-portal in 2014 (see Section 2.1).

Developing a cadre of multi-disciplinary specialists

The strategy should also consider how a cadre of multi-agency staff with specialist skills relating to adoption might be developed. This would be beneficial to support integrated multi-agency casework, service planning, training and professional development and strategic development, but it would also as a visible resource to other professions and thus an important aspect of an adoption competent workforce. here are a range of ways in which a cadre of specialist staff could be established across education, child development, psychiatry, psychotherapy, occupational and other therapies, social work and family support:

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- a virtual multi-disciplinary specialist team: with a designated adoption lead from each service area embedded in their professional specialism but operating as a team at a virtual level

- a multi-disciplinary Adoption Service support team, with professionals from other service areas embedded in the Adoption Service either full- or part-time

- an adoption or attachment lead within each team: with designated time for adoption and a brief to liaise with the Adoption Service and with other specialist workers, but less formally constituted than a virtual team

- a member of the Adoption Service with designated time to work within, or to link closely with, other professional groups and service areas – building on the existing ASSA role with a more embedded role as an active member of other teams.

Models for a cadre of specialists:
- a virtual multi-disciplinary team
- other professionals located in the Adoption Service
- a designated adoption lead in other agency teams
- an Adoption Service social worker as an active member of other agency teams

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These models have different benefits and disadvantages and different resource implications. However, some formalising of existing pockets of strong expertise might help to strengthen the focus on adoption across partner agencies, support an adoption competent approach to workforce development, and contribute to building embedding a strategy for post-adoption support. Developing the service model might also be an opportunity to ensure full use is made of the specialist skills of staff within and beyond the Adoption Service.

5.6. The visibility and priority of adopted children and their families

The visibility of adopted children and their families

Services do not routinely ask about adoption

None of the services we explored collect or collate information systematically about the number of adopted children or adopters among their service users. In fact none outside the Adoption Service would consistently know whether a child they are working with is adopted. Although there were mixed views among the providers we interviewed, some felt that it was problematic not to know from the start about a child's adoption status. They referred to having had cases which they would have approached differently, using different methods or understanding why progress seemed to be blocked, if they had known this earlier.

Services would sometimes know that a child is adopted from initial assessments or if they were told during the course of casework. Children placed by Brighton and Hove and still living in the city might be recognised as adopted by a professional who worked with them as a looked after child. In ICDDS a link could be made with the information held by the looked after health team; health visitors would know about looked after child status, and adoption might be recorded in Patient Information

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Management System; adoption might be recorded in GP notes; in schools the new right to priority in school admissions for adopted children may mean that information is shared routinely among staff. But overall the picture is one of only patchy knowledge about whether a particular child is adopted.

No national or local statistics on number of adopted children

Several people we interviewed assumed that the Adoption Service would know about all the adopted children in Brighton and Hove but in fact, in common with other local authorities (as we discussed in Section 2.5, they do not. The Adoption Service will have information about the adopted children they place in Brighton and Hove (although for many local authorities this information would be less complete about children placed many years ago). They will have some information about children placed locally by other local authorities (although the notification system is not watertight). They would have no information about adoptive families moving into the area unless these families approached the service for support. In common with other local authorities, the Council will therefore not know the overall population of adopted children or adoptive families. In fact there are no *national* statistics about the total population of adopted children, only about the number of Adoption Orders made each year.

Mixed views among services about asking about adoption

We think this information gap about adopted children as service users needs to be addressed in the next stage of strategy development. There were different views among service providers about whether it would be possible or appropriate to ask about adoption as part of initial assessments or information collection. The spectrum of views was that it would be both possible and appropriate; that it was not clear whether a strong enough case could be made to extend existing information collection and collation; and that it is too intrusive or sensitive a topic and parents might find it offensive or stigmatising.

Parents think it can be done - sensitively

The views of parents we spoke to were more clearcut. They said that they always volunteer the fact that their child is adopted if the service is engaged with their child's wellbeing, learning or if it otherwise seems relevant to the help they need. They felt it was essential that the service knew, and they were surprised to hear that some families might not volunteer the information and that services were unsure whether it was appropriate to ask. Most said they would be happy to be asked, provided this was done sensitively, possibly not in front of the child, with some explanation about why the question is relevant – and as long as the service is then able to support the child appropriately. One parent felt it might be better to give a clear cue to the parent to volunteer information, such as asking whether there is anything else about the child's background that it would be helpful for the service to know.

'It's private information, but it's not shameful.' Parent

'I would be quite happy if someone asked me and I'd assume that you'd need to know about these things …. It needs to be a bit more open.' Parent

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Concern about over-using adoption as an explanation

There was some concern that services might over-play adoption as an explanation for the child's needs – for example one parent said that their child's speech delay was attributed to their early childhood experiences and it was only later identified that they had a hearing difficulty. And it was recognised that some families, particularly more recent adopters, might feel a little differently about this.

A clear steer to explore this further

We think this provides a clear enough steer to explore this issue further in the next stages of strategy development – and in fact we understand that both Dialogue and Amaze have, since they took part in the research, incorporated a question about adoption into their assessments or early information collection. Information about adopted families as service users is important to plan services, adapt provision and review outcomes for adopted children and their families. It may also help to dispel some of the myths that continue to surround adoption.

The priority of adopted children and their families

'For it to be recognised as there being a group of needs would be brilliant …. Standing up for adoptive parents and adopted children, making sure it's on people's agendas and they know what the issues are, lobbying a bit for it to be recognised as a special area.' Parent

Adopted children not currently a priority group

None of the service areas we identified specifically prioritise adopted children by virtue of their adoption status, although they are included in some services' priority provision for looked after children. For example looked after children including adopted children would be expected to receive an enhanced level of health visitor support and are viewed as a priority group within the PRESENS service.

CAMHS looked after children pathway

Within CAMHS there is an emotional wellbeing and mental health care pathway for looked after children which makes specific provision for adopted children. Under the pathway, adopted children's needs are considered at triage and they are allocated to Tier 2 or Tier 3 (we were told usually to Tier 3); there is provision for specialist attachment assessment and interventions. We did not find other examples of specific pathways for adopted children.

Should they be prioritised?

There were mixed views among service providers about whether prioritising adopted children would be appropriate. On the one hand adopted children have additional needs and the costs to the state of adoption breakdown are considerable; on the other hand the local authority has no corporate parenting responsibilities and adoptive families are considered autonomous. In addition, clinical rather than social definitions of priority populations are required in some service areas.

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Extending looked after children priority status to adopted

One option would be to extend provision and priority access for looked after children to adopted children. Brighton and Hove were ahead of the government requirement in extending priority in school selection from looked after children to adopted children. We suggest that in the next stage of work further consideration is given to extending aspects of looked after children entitlement and provision to adopted children. Clearly the legal status of looked after children and adopted children is different and this is highly significant both to adoptive families and to statutory responsibilities. However in some local authorities the Virtual School includes adopted children in its remit and we are aware this is under discussion in Brighton and Hove.

'I know long-term foster carers who get an amazing amount of support …. [Fostered and adopted children] are the same kids with the same needs.' Parent

We were told that there has been a particular focus on looked after children in some service areas which had resulted in more awareness and understanding of the particular needs they may have and improved liaison with other services. There is scope to consider how the needs of adopted children could be given more visibility with a similar approach. Our interviews suggest there would be support for this among parents, although it will need to be discussed carefully with them.

Making adopted children a policy priority

There is scope to prioritise and place more focus on adoptive families in policy and planning. Indeed as we note in Section 2.1 this is very much in line with national government policy in relation to both children's social care and health services. The DfE's adoption reform programme emphasises the importance of adoption support (DfE, 2012b); local and national commissioners are being encouraged to recognise and address the needs of adopted children through joined up services (DH 2012a, 2012b, 2013a, 2013b); NICE is producing clinical guidance on attachment, and resources are being produced for health and other professionals to promote understanding of the needs of adopted children.

A reference group of adoptive parents and children

We recommend that consideration is also given to establishing a reference group or consultation group of adoptive parents, and a similar group of adopted children and young people. This is already being considered as part of the next stage of work to take forward the development of an adoption support strategy, but more generally it would be a valuable resource to the wide range of agencies and services whose work connects with adopted children and their families.

Ambiguity in the status of adopted children and their families

An underlying ambiguity about adoption

Questions about the visibility and priority of adopted children and adoptive parents are not clear-cut – this is a contested area, which reflects an underlying ambiguity in the status of adoption which some commentators note plays out repeatedly in policy and practice as well as in the experience of adoptive family life. How to frame the

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‘difference’ of adoption is thus a constant challenge. Denial of difference in adoption inhibits open communication and honest exploration of a range of adoption issues within families. It conveys to children the idea that difference is somehow deviant or bad (Evan B. Donaldson Adoption Institute, 2010). Equally an overemphasis on adoption - an *insistence* on difference - is also unhelpful. Clearly, families and children form their own identity, their own understanding of their circumstances and needs, and these should be respected. But Luckock and Hart (2005: 133) argue that ambiguity might helpfully be resolved by recognising the ‘distinctively and inherently collaborative nature of adoptive family life’.

Ambiguities inherent in adoption

Adoptive families:

are autonomous	⟷	need more support
replicate ‘normal’ family life	⟷	provide additional family support
have equal legal status	⟷	have to ‘earn’ their legal status
have equal support rights	⟷	are entitled to priority
children belong to new family	⟷	children belong to birth family
statutory responsibilities on LA only	⟷	need and use multi-agency support
service needs seen as exceptional	⟷	support needs normalised

(Based on Luckock and Hart, 2005)

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Ambiguity present in interviews with service providers – but much less for parents

This ambiguity was often present in our interviews with service providers, reflected in uncertainty about asking about adoption and recording this information, about prioritising adopted children and even about the project focusing on adopted children as a distinctive group. There was much less ambiguity for the parents we spoke to. Their view was that adoptive families must not be stigmatised, pitied and the subject of assumptions – but that adoptive family life is different. But for some it had taken time for this view to form, and they recognised that newer adopted parents may see things differently.

> *‘Adoptive families are different, without a doubt. Totally …. In the early days you think it will all settle down and be okay but the issues surrounding adoption are very different and that has to be acknowledged and accepted that they are different. And so you have to manage it differently and deal with it differently.’* Parent

We think this needs to be addressed directly in the next stage of strategy development, and it highlights that changes in approaches to adoption support, and to information collection, need to be discussed and developed sensitively in collaboration with adopted children and adoptive parents, and as part of wider systems change.

5.7. Support as part of the ‘ecology’ of adoptive parenting

Making support part of the ecology of adoptive parenting

Overall, our analysis suggests that an important aspect of developing the strategy will be to ensure that support is seen as part of the ‘ecology’ of adoptive parenting

throughout local systems. This means building continuous support into the adoption process, framing support use as a manifestation of parental strength, and seeing agency capacity as an inherent aspect of parental capacity.

The adopter preparation process is the starting point

The adoption preparation process is the starting point for this: prospective adopters are given information about the effects of abuse and neglect, the services available, the history of the child they adopt and their known and possible support needs. We think it would be useful to review with a group of more experienced adoptive parents whether coverage is sufficiently full, frank and realistic. Adoptive parents felt it was important to hear from other parents whose children had faced more difficulty and from those with older children whose experiences might highlight the enduring nature of difficulties or the particular difficulties that older children face. Talking about when, why and how telling a practitioner that a child is adopted might help them to provide the right support, even for what may not initially appear to be an issue specific to adoption, might also be useful here. Like other local authorities, Brighton and Hove Adoption Service have recently changed their adopter preparation processes including introducing an adopter-led first stage, and it will be timely to consider whether these issues are sufficiently central within the new process.

> *"I know there's a fine line between putting people off adoption, but if you're keen to adopt and you think you're going to get support, it could be better presented …. You need to know the possibility of traumatic things happening if you're adopting children, particularly children with special needs. I think they need to be more clear.'* Parents

On-going training might embed relation-ships and a permissive culture

But it is easy to see how hard it is for adoptive parents to take all this in at the time – particularly since their child's needs are inevitably not yet fully known, but also because the optimistic and positive approach they need, the excitement of having a child, the desire to form as a new family and to distance themselves somewhat from the Adoption Service (having 'earned' the right to autonomy) all make it difficult to take in information fully. Establishing a continuing relationship with multi-agency services through workshops, training and adoptive parents groups might help to create a permissive climate for help seeking. Involving other professionals fully in the preparation process would model multi-agency commitment to adoption support.

Embedding adoption support in services

As we have highlighted, there is also scope to raise the profile of adopters and adoption support within both specialist and universal services, and this will be an important aspect of making them explicitly part of the ecology of adoptive parenting. The ambition should be to raise awareness of adoption among service providers, for support to be based on entitlement commensurate with need, for the post-adoption system to fit around adoptive families rather than the other way round, and to normalise and embed multi-agency support in the consciousness and lived experience of families and service providers.

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6. Taking forward the development of a strategy

This final section summarises key issues to be taken forward in developing a multi-agency city-wide strategy for post-adoption support.

6.1. Key issues for the strategy

Key issues identified in this report

We have identified four sets of issues to be considered in taking forward the strategy:

- areas where there is a need to review the range or the capacity of existing services
- ways in which access to services could be facilitated through a more visible and coordinated system of provision
- aspects of the delivery of services that might usefully be reviewed
- issues relating to the priority of adoptive families with implications for policy and service planning

Expanding services

Therapeutic interventions for children

Support for children's social development

Learning support

Child development support

On- going Adoption Team contact, support and links to other services

Support groups for parents of older children

Training, workshops and specialist parenting programme

Facilitating access

Creating a coherent system of provision

Making it visible to parents

Coordinated assessments

Anticipating and planning around transition points

Service features

Coordination - clarifying expectations and systems

Key worker role

Partnerships with parents

Extending training for professionals

Developing a cadre of adoption specialists

Reviewing 'fit' of services to adoption issues

Policy and planning

Adopted children as a priority group in policy and service planning

Extending looked after children entitlement

Information for service planning

Parent and children reference groups

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6.2. Developing the strategy

Working with the 'whole system' of adoption

Developing a strategy for post-adoption support needs to be approached from a systems perspective, recognising the interconnected and interrelated nature of the processes and organisations involved in adoption support, and that decisions and actions in one part of the system affect other parts. It means working within the whole system of adoption – the families, communities, services, organisations, partnerships and wider society within which it takes place.

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Working with the 'whole system' of adoptive parenting

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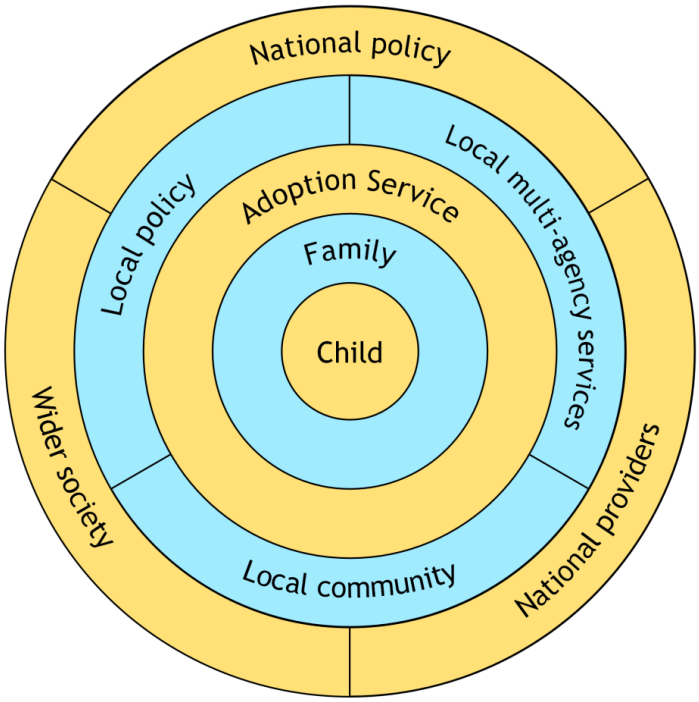

It clearly needs to involve families and local partners. It needs to reflect but also inform local policy across the different delivery areas. It needs to be cognisant of the national level too – the adoption reform programme and activity by DfE and others to support it; policy developments in health, education and social care; and, as the stimulation of the adoption support market leads to new developments, taking advantage of opportunities for partnership and learning.

A systems leadership challenge

Developing a multi-agency strategy is a complex task and the challenges should not be underestimated. We think it also has to be approached as a systems leadership challenge – that is, one that requires leadership across organisational boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, and without direct managerial control across the systems involved. Recent work on systems leadership (Ghate et al, forthcoming) highlights that its starting point is a shared vision or goal that can only be achieved by working collectively across multiple organisations, putting the service user at the heart of the vision and being willing to prioritise the collective ambition over individual organisational goals and pressures.

An adaptive challenge – not a purely technical task

It is also usefully seen as an 'adaptive' leadership challenge rather than a purely technical one. Technical challenges can be resolved by the application of knowledge, data, logic and technical management skills. Adaptive challenges are different: they are challenges where the nature of the problem is not clear and agreed, where there are valid competing perspectives, where responsibility is not located in a single place,

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and where solutions and how they should be implemented are not obvious. This means that co-production across the agencies concerned will be important.

A collective vision; surfacing values and principles

Viewing the challenge in these ways suggests it might be useful to start by surfacing a the principles and values of key players and trying to develop a shared set of values that will inform support for adopted children and their families in Brighton and Hove. It will also be useful to shape a collective ambition, goal or vision. This is likely to be one which can only be delivered by all partners working together, so getting strategic level buy-in to a shared ambition will be essential.

It will also be helpful at this stage to consider the priority of adopted children and their families within the city generally and how this fits with organisational priorities and drivers in different agencies. Addressing the ambiguity surrounding the status of adoption and the identification and visibility of adopted children and adoptive parents within services will be part of this. We are not suggesting that this ambiguity can be resolved completely. But we think there would be value in trying to develop a shared discourse among families and stakeholders about adoption and about the continuing role of services in supporting it.

We provide on the next page an illustrative framework of the principles that might support be adopted across services to support the development of a multi-agency strategy. Such a framework might provide a strong platform from which to address the specific issues identified in our analysis.

6.3. Moving to implementation

Using the learning from implementation science

The strategy is an opportunity to develop a multi-agency systems-wide best practice model which specifies as clearly as possible how services will come together to provide comprehensive and continuous support to adopted children and their families, and the service and staffing models involved. It is likely to involve a combination of selecting and adopting existing models, programmes or approaches, and developing local solutions, innovations or ways of working. There is very valuable learning from the developing field of implementation science and practice (see for example Durlak and DuPre, 2008; Fixsen et al, 2005; Guldbrandsson, 2008; Van Dyke, 2013) that will support this work, and which highlights key considerations for effective implementation of the strategy:

- **Understanding need:** reviewing or collecting data on need in particular focus areas; understanding perceptions of need among key groups with the community of families and providers

- **Designing or selecting new approaches or interventions:** involving service users and other partners collaboratively in determining what type of intervention or change to introduce; reviewing the evidence of effectiveness

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Framing principles for an adoption support strategy

A high-quality local adoption support system is underpinned by the following principles:

Adoption is mutually beneficial to children, parents and society	**Adoptive family life is 'different' from other diverse forms of family life – it involves additional challenges**	**Adoption 'normally' involves adoption support**	**The whole local system is responsible for supporting adoption, adopted children and adoptive parents**

These principles underpin and serve as a guide to

A local adoption support system which works in partnership with adoptive parents and adopted children and young people

The local adoption system provides a continuum of support services from early help to specialist services related to levels of need:

Low level → **Medium level** → **High level**

Services at all levels:

Are evidence based	**Are adoption competent**	**Are informed by service users' views and experiences**	**Focus on families' strength**	**Are coordinated and work in partnership**

Are easy to access	**Have clear referral routes**	**Are available quickly and are responsive to crises**	**Are flexible**

They result in adopted children having: strong attachments, a sense of permanence, a secure base, strong family integration and strong family life

(based on Evan B Donaldson Adoption Institute, 2010)

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- **Assessing the fit of interventions or approaches:** any new intervention or approach needs to fit well with current initiatives, with the values of relevant agencies and families, with organisational structures and with local and national priorities

- **Resources available:** considering best how to use the resources available to introduce a new service or new way of working in areas such as staffing, training, coaching, data systems and IT support, administrative and systems support

- **The readiness of interventions or new ways of working for implementation:** ensuring the approach is sufficiently highly specified to be able to be implemented well or to consider changes that need to be made; ease of use; whether there are sites where the approach is already embedded that can be observed; whether technical advice and support is available

- **Capacity to implement a new programme:** key considerations here are staff capacity (skills, receptiveness to the new approach), organisational support (IT, management and administrative systems), leadership (organisational commitment, a champion for the programme, coordination with partners)

- **Monitoring and evaluation:** setting up arrangements to monitor, review and refine *implementation* and to monitor and evaluate the *impacts* of new ways of working.

Scope to enhance adoptive family life with generational effects

Taking forward this work will involve ambition and vision, as well as patience and resilience. It is an exciting challenge which has the potential to enhance services and family life for adopted children and their parents in ways which will have generational effects for a small but highly significant group within the city.

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APPENDIX 1: FURTHER INFORMATION ABOUT SERVICE PROVISION

In this appendix we set out further information about service provision based on the interviews. The services are categorised by the Adoption Service; education services; health and social care support, and community-based support. The tables show the information we obtained from interviews and other sources, but some information is incomplete.

ADOPTION SERVICE

Service:	Adoption Service post-adoption support
Staffing:	Senior social workers and other social work staff
Access:	Open access for adopters post-Adoption Order
Adopted children and families:	Direct focus of work
Interventions:	• Telephone support: the Adoption Support Services Advisor provides advice, guidance and information by telephone • Adoptive parents groups: – Baby and toddler group: meets weekly, facilitated by two social workers. It is a thriving group and is also an opportunity to provide advice and information about wider post-adoption support issues, although parents generally stop attending around the time their child starts at school – An LGBT parents group: initially established by the Adoption Service, now self-supporting and an active and thriving group – A BME parents group: which meets less frequently and is facilitated by the Adoption Service • Workshops: on talking to your child about adoption and supporting your child in school. The programme is being reviewed and there is a desire to do more. • Annual picnic and annual Fun Day: for adopted children and their families, which many attend year after year, an important source of peer support • Adoption assessments: families are entitled to ask for an assessment of their support needs which is carried out through one or more meetings with the parents and child. Assessment does not necessarily lead to the provision of services. Families often come relatively late to the service for help, at a point when problems have become quite entrenched • Direct work with children and families: social workers provide

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	information, advice and guidance, signpost and refer to other services, provide advocacy support to help families to access other services and provide other specialist adoption support to families. An important part of this work is network meetings, bringing together the professionals working with a child or family.

Service:	**Adoption Support Teacher in Adoption Service**
Staffing:	1 staff member but works with other social workers and professionals
Access:	Via Adoption Service
Adopted children and families:	Direct focus of work
Interventions:	Louise Bomber works with a very strong focus on attachment and supports individual children by working with school-based staff and supporting their partnership working with families. She: • Helps schools to develop individual support programmes which are attuned to each adopted child's attachment needs, paying particular attention to stress triggers and calming strategies • Helps schools and families to share information and experience via a partnership sheet which each uses to update the other about the child's experience of the last week and to anticipate challenges in the week ahead • Runs support groups for key adults working with adopted children with attachment difficulties to share expertise and reflection • Participates in network meetings bringing together the professionals working with a child to review and develop strategies The service has reached many primary schools and was widely viewed among the interviewees we talked with as having been very influential in developing understanding of adoption and attachment in schools. The work is focused on primary schools.

Service:	**Therapeutic support for adoptive parents**
Staffing:	Dr Lesley Ironside, child and adolescent psychotherapist, is commissioned by the Adoption Service to provide time- limited parent consultations
Access:	Cases referred by the Adoption Service subject to an Adoption Support Assessment

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Adopted children and families:	Direct focus
Interventions:	Six (sometimes more) sessions with adoptive parents exploring the emotional impact of adoption, helping them to understand their child's behaviour and supporting them in developing parenting strategies. The designated time is also used to provide advice and consultation to social workers working with adoptive families, and in his private practice Dr Ironside also works with adopted children and parents and has worked with the LGBT adopters group.

EDUCATION SETTINGS

Service:	**Schools and Communities Service: responsible for Special Education Needs services and learning and behaviour support - CAMHS Tier 2 Services and Educational Psychology Service**
Staffing:	Educational Psychologists, mental health workers and family support workers.
Access:	Referrals to CAMHS can be made by parents or by professionals and is via the CAMHS single point of entry (see below); access to the Educational Psychology service is either within the SEN statutory assessment system or managed by SENCOs or other school staff who manage each school's allocation of EP time based on the SEN funding formula.
Adopted children and families:	Likely to work with many adopted children but this is not routinely asked or recorded. The fact that a child is adopted is sometimes not known until late in the course of casework. It is expected that the extension of school choice priority to adopted children will mean that the service will be more aware of adopted children within casework in the future.
Interventions:	The service provides direct support to children using methods such as CBT and video interactive guidance and works extensively with school networks and with parents to embed learning and behaviour management strategies to support each child. Looked after children have become an important area of focus in the work in recent years and there is a specialist Children in Care Educational Psychologist who works closely with the Virtual School, and a mental health worker who also leads here. The progress of every child in care is reviewed every year, information about children in care is circulated monthly and there is a strong focus on this area of work.

Service:	**Virtual School**
Staffing:	Advisers, an Education Welfare Officers, an Educational Psychologist and a CAMHS worker
Access:	Via looked after child status

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Adopted children and families:	The service supports children as they make the transition to their new adoptive family up to the Adoption Order but not generally beyond, although it has for example commissioned school counselling support for adopted children into their new placement. There have been discussions about extending Virtual School support to adopted children.
Interventions:	The Virtual School aims to promote educational outcomes for looked after children by monitoring the progress of each child, ensuring each child has a Personal Education Plan and accesses the support they need, providing support and challenge to schools and to designated teachers for looked after children, and working closely with other professionals in schools, social care and other services. The service has a group of home tutors who support children in foster families, runs after school clubs and provides summer 'catch up' lessons for Year 6 children moving on to secondary school.

Service:	**Education support commissioned by Children and Families**
Staffing:	
Access:	
Adopted children and families:	Likely to be part of service user group but not monitored, though will increasingly be known through priority in school places
Interventions:	School level services delivered by multi-agency teams: • Classroom support • Counselling • One-to-one mentoring • Behaviour programmes • Literacy and maths programmes • Referrals to outside agencies

Service:	**Dialogue Therapeutic Services (part of YMCA) - school-based service**
Staffing:	140 staff including 60 volunteers and 50 paid counsellors
Access:	Self-referral or referral by professional; no entry criteria but refer to CAMHS if high risk. Intensive assessment; at primary school level includes parents. If adoption is foregrounded as a presenting issue, child is referred to private adoption support agency because Dialogue is not an approved adoption support agency and it is understood that this is the intended service locally
Adopted children and families:	Aware of working with a lot of adopted children. This has not previously been asked but they now intend to start routinely asking and collecting this information. Have been commissioned by Virtual School to work alongside adoption process, providing support to young person to help them prepare for and move into an adoption placement
Interventions:	School based counselling commissioned by schools: 54 primary schools

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	10 secondary schools 1 sixth-form college Model involves 6-10 sessions but sometimes more, particularly with adopted children. Close work with school staff and wider professional group. Also provide community-based counselling – see below

HEALTH AND SOCIAL CARE SETTINGS

Service:	**CAMHS Tiers 2 and 3**
Staffing:	
Access:	Self-referral or referral by professional (mainly GPs). Triage meeting to allocate to tier. Comprehensive assessments at Tier 3 looking at full range of possible conditions. If known to be adopted child, allocated to Tier 3. Emotional wellbeing and mental health care pathway for looked after children includes adopted children and provides for specialist attachment assessment and interventions.
Adopted children and families:	Significant particular at high ends of need within service group. Adoption status is not monitored and is sometimes not known at referral and not identified by the generic CAMHS assessment, so adopted children would be rooted back to comprehensive Tier 3 assessment if needed.
Interventions:	The specific services provided which are likely to be most relevant to adopted children are: • CBT: provided at Tiers 2 and 3: usually through individual sessions although groups are also run if thought needed • Art Therapies: at Tiers 2 and 3 • Theraplay: at Tier 3, supporting adults in learning how to use play with a focus on attachment • A Year 6 Transitions Group: at Tier 3 (and Tier 2) providing three weeks of group support to 6-8 children each summer on preparing for secondary school with a focus on meeting new people and making friends • Mindfulness Groups: at Tier 2, based on meditation and Cognitive Behavioural Therapy, to increase the capacity for reflective functioning and using relaxation techniques. Groups are currently run four times a year, with seven weekly sessions, for 14-18 years olds. A staff member is being trained on a school-based approach which is being trialled in a primary school, and it can also be used in work with individual children.

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	• Anxiety Groups: at Tier 2, using methods including Cognitive Behavioural Therapy and expressive art. Groups are run every term involving six sessions. At Key Stage 2 groups involve children and parents; at Key Stage 3 they involve children only. • Family Support Workers: at Tier 2 working one-to-one and with groups of parents on family issues that affect parenting. There is a strong focus on systems-based working within families and with other services, particularly schools. CAMHS operates a consultation and advice service providing support particularly to schools, social workers, school nurses, health visitors, and co-location at Tier 2 means there is a lot of exchange of ideas and information with the Educational Psychology service. CAMHS provide a monthly clinic to parents and staff at one special school which they are aware of some adoptive families having used.

Service:	**Children's Centres**
Staffing:	Health visitors, early years visitors, CAMHS workers, Educational Psychologists
Access:	Open access
Adopted children and families:	Not part of routine information collection or monitoring. Expected that health visitors would know if they were working with an adopted child through the looked after child health assessment and that that information would be recorded in the Patient Information Management System.
Interventions:	Children's Centres in Brighton and Hove work to a health-led model. The key services likely to be used by adopted children and their families are: • Enhanced health visiting support, either Universal Plus or Universal and Partnership Plus involving outreach work and an Early Years Visitor working to a specific action plan • Healthy Child Clinics • Play groups, particularly Stay and Play and Family Learning • Feeling Good, Feeling Safe: group-based support which helps parents to identify their support network and build self-esteem. Staff are also trained in Protective Behaviours, supporting building resilience and recognising unsafe situations • Nurture Groups: small group work for children aged 3-5, facilitated by a nursery nurse and early years visitor, which work with soft toys and animals to encourage empathy, talking about feelings and addressing anger or aggression

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	• Advice and support from CAMHS workers and Educational Psychologists

Service:	Integrated Child Development and Disability Service
Staffing:	Occupational therapists, physiotherapists, speech and language therapists, paediatricians, psychologists and counsellors, health visitors, social workers, nursery nurses, keyworkers for disabled children, teachers, mental health workers and the PRESENS service.
Access:	Self-referrals accepted for social work and speech and language therapy; otherwise access by professional referral. Referrals are discussed at a team meeting and a comprehensive assessment carried out.
Adopted children and families:	Continues support to looked after children as they become adopted, building on the looked after child health assessment and adoption assessment, or becoming engaged later in children's lives. Adoption status is not systematically asked or recorded but may be volunteered. Adoption status might also be known if the paediatrician recognises the child as having been looked after, or from the Patient Information Management Service.
Interventions:	Wide range of child development interventions and therapies including an innovative sensory integration service being developed by an occupational therapist and being adapted and trialled in a special school

COMMUNITY SETTINGS

Service:	Amaze: voluntary sector organisation supporting disabled children and their parents
Staffing:	Includes 11 volunteers
Access:	Direct access, self-referral
Adopted children and families:	Not routinely asked but thought very likely to be volunteered. From case files, currently or recently (in last 2 years) worked with 42-67 children known to be adopted. Cases involving adopted children tend to be more intensive (despite parents being generally well socially resourced) including families close to breakdown. No waiting list.
Interventions:	• Benefits casework: adoptive parents often don't realise they are entitled to DLA • Helpline • Advocacy support • Education support eg supporting or challenging statutory assessment; negotiating additional support • Information and advice • Stepping Stone Triple P: parenting programme for children with complex needs, common to have an adoptive parent on the group and content is adapted

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Service:	Dialogue Therapeutic Services (part of YMCA) - community-based service
Staffing:	140 staff including 60 volunteers and 50 paid counsellors
Access:	Self-referral or referral by professional; no entry criteria but refer to CAMHS if high risk. If adoption is foregrounded as a presenting issue, child is referred to private adoption support agency.
Adopted children and families:	Aware of working with a lot of adopted children. This has not previously been asked but they now intend to start routinely asking and collecting this information.
Interventions:	• Community based counselling for young people at YAC • Family support workers • Family therapy • Establishing an online counselling service • Work closely with other professionals • Running a project with children in foster care and care leavers; establishing a care home for 12-18 year olds with a therapeutic presence

Service:	Further Tier 1 and 2 community services commissioned as part of CAMHS provision
Staffing:	
Access:	
Adopted children and families:	No information about use by adopted children but likely to be among service users
Interventions:	• Information Advice and Counselling at YAC and YPC • RISE: children affected by domestic violence • Safety Net: resilience, positive esteem, Protective Behaviours • MIND: advocacy • Family Support Workers • Teen to Adult Personal Advisers

Service:	Commissioned services for vulnerable young people
Staffing:	
Access:	
Adopted children and families:	No information about use by adopted children but likely to be among service users: adoption status may be known and recorded by not systematic
Interventions:	• Targeted Youth Support • BME, LGBT and disabled children equality teams • Universal youth service • School healthy drop-ins • Sexual health service

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	• Youth Crime Prevention Team: young people at risk • Youth Offending Service: you people with a conviction • Support for Young Parents • Youth employability service

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APPENDIX 2: STUDY METHODS

We carried out 17 single, paired or group interviews with 26 providers. Fourteen interviews were carried out face-to-face and three by telephone. All but one (a telephone interview) were digitally recorded. Face-to-face interviews were transcribed verbatim; a close-to-verbatim note was made of telephone interviews. Most of the services and individuals were selected by the Adoption Service, with some additional interviewees selected by the research team following up on recommendations or references in other interviews. Interviews generally lasted for around 60 minutes, longer if they were paired or a small group. Qualitative rather than structured interviews were carried out so that the discussion could be moulded to the context and work of the interviewee, and so that we could probe and follow up as necessary. We had a topic guide which we used flexibly in each interview.

To find adoptive families who were willing to take part, the Adoption Service mailed information materials designed by the research team to all the parents on their database – they were keen that all parents should have the same opportunity to participate. Amaze and Dialogue also mailed a version of the materials to service users they knew to be adoptive parents. The intention had been to carry out a small number of interviews with adopted children or young people aged 8+, and the materials invited parents to discuss the study with their child or young person and included an information sheet that could be passed on to them. The materials included a short form for parents to complete if they were interested in taking part providing brief information about the age of their child at placement, adoption and now and the services used, and contact details for the research team to follow up. We also gave email and telephone contact details if parents wanted to respond that way or wanted further information.

Seventeen parents or couples put themselves forward to participate. No children or young people put themselves forward. Although two parents said they could talk to their child or young person about participating, it seemed unlikely we would be able to speak to enough to make that component viable. From what parents told us, it seemed that their children were either aged under eight or were dealing with challenges that likely meant the parent did not think it would be appropriate to discuss participation in the research. We had also envisaged carrying out a focus group with parents as well as telephone interviews. However, most parents indicated a preference for a telephone interview and we felt it would not be feasible to organise a group in the relatively short time involved, so we increased the number of telephone interviews.

We invited the first fourteen parents or couples whose details we received to take part in an interview, and all but two were able to do so. Interviews were recorded and a close-to-verbatim note made. Again they were qualitative and unstructured and we used a topic guide flexibly; most lasted for around 60 minutes although a few were much longer.

The data were analysed using Framework (Ritchie et al, forthcoming) which is a thematic analysis method for qualitative data. A series of thematic charts were drawn up with each chart representing a theme, each column a sub-topic within the theme and each row a participant (or pair or group of participants). Data from each interview were summarised in the relevant cell. Organising the data in this way means that the full range of views,

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experiences, ideas etc can be explored across the data set, and linkages can be made between themes both within cases and across groups of cases.

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