

‘Realistic positivity’: understanding the additional needs of young children placed for adoption, and supporting families when needs are unexpected

Practice briefing

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National Children's
Bureau



Introduction

Many adopted children in England will have complex additional needs which may be unexpected for adoptive parents and require expert input from a range of professionals.

Adoption is known to present some difficult challenges, but the rarity of adoption disruption suggests that parents often go to great lengths to meet children's needs and preserve their families. Parents of disabled children or children with special educational needs (SEN) can also find it hard to cope when help is not accessible. It is vital that families are well-supported when adoption and disability intersect in unforeseen ways.

The Council for Disabled Children aimed to understand and inform support for these families through a project addressing:

- why the needs of care-experienced children may be difficult to identify or understand in the early years
- how prospective adopters are informed about children's health and development before placement, and how they seek help if concerns arise after placement
- the ways professionals and services respond to concerns about the needs of young adopted children
- ideas to improve support for families in these circumstances.

The project involved a range of activities including interviews with six parents of eight adopted children with diverse additional needs; interviews with 13 health, social care, early years and education professionals; a review of available literature; and analysis of relevant policy (Figure 1).

This briefing is for adoption practitioners and others working with adopted children and their families. It considers the current picture for young adopted children and presents ideas and recommendations based on findings from the literature and interviews. These include particular recommendations for those with strategic as well as operational responsibility for services required by these children and their families.

This project found that support needs are common among adopted children and their families. It follows that such needs should be normalised, with prospective adopters primed to view them as likely, and services proactive in offering help or at least well-equipped to respond to requests. Whilst available funding may not provide sufficient capacity for this approach and any substantial shift would need to be driven by policy, this briefing aims to identify how local services can offer families as personalised a response as possible.

More about the project and its findings are available in the full research report and summary: <http://bit.ly/RealisticPositivityRpt>



‘If we weren’t strong enough to push for any help on the SEN needs then actually her SEN would probably be worse and [...] I hate to say it, she would probably go down as actually a failed adoption placement [...] If I didn’t push the school, if I didn’t push this private clinic, if I didn’t push post-adoption support, actually we would be no further forward.’ – Parent

What do we know about adopted children?

Since adoption reached its peak in 1968, the profile of adopted children and the nature of adoptive family life have shifted considerably. This has reflected changing attitudes to family, adoption and disability: there has been a shift away from ‘finding healthy babies for childless couples’ towards achieving permanence for all children who are not able to live with their birth families safely¹. This has increased the proportion of children placed for adoption who have additional needs.

There are significant gaps in data on special educational needs and disability (SEND), and on links between additional needs and outcomes, for young adopted children in England. Nevertheless, evidence shows that:

- it is now common for adopted children to have experienced abuse or neglect, which have been linked to additional needs
- there is an extremely high prevalence of social, emotional and mental health (SEMH) needs among care-experienced children
- adopted children experience lower academic attainment and more behavioural problems than their peers.

Certain needs were frequently mentioned in the literature and project interviews, including attention deficit hyperactivity disorder (ADHD), attachment disorder, autism spectrum disorder, developmental trauma, foetal alcohol spectrum disorders, genetic conditions, learning difficulties and sensory issues.

The health and development of young children placed for adoption may be affected by adverse prenatal environments, genetic factors, insecure attachment, neglectful care, persistent trauma, and changes in caregiver. Interpreting the causes of young children’s presenting symptoms and behaviours can therefore be challenging, especially when children are not well known or have significant gaps in their health stories. Arriving at definitive conclusions may be inappropriate. This truth underpinned much of what professionals shared with us about the practice challenges involved in supporting these children and families.

¹ Mather, M. (1999). *Adoption: a forgotten paediatric speciality*. Archives of disease in childhood, 81(6), pp.492-495

Figure 1: POLICY CONTEXT

The Department for Education has published several pieces of guidance relevant to work with adopted children with additional needs and their families:

- *Statutory Guidance on Adoption: For local authorities, voluntary adoption agencies and adoption support agencies (2013)*
- *Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England (2015)*
- *SEND Code of Practice (2015)*
- *Promoting the education of looked-after children and previously looked-after children: Statutory guidance for local authorities (2018)*
- *The designated teacher for looked-after and previously looked-after children: Statutory guidance on their roles and responsibilities (2018).*

Professionals and families are working together in a context of shifting service structures, responsibilities and resources. Adoption is being regionalised; the impact of the Adoption Support Fund on provision is evolving; the Children and Social Work Act 2017 has introduced new duties for Virtual School Heads towards previously looked after children; and the children's mental health system is undergoing reform. Particular issues facing adopted children with additional needs and their families should be kept in mind as these changes are implemented and evaluated, with a view to informing good practice.



Ideas and recommendations for practice

The following sections present ideas and recommendations based on findings from available literature and CDC's interviews (detailed in the full research report and summary). The first two sections below address direct work with children and families. Practice in these areas often depends upon how services are configured, coordinated and developed, some aspects of which are addressed in the third section.



'It was quite hard because I think it took me a long time to actually realise – to use that language and frame it in that way – that our son was disabled.'
– Parent

Prior to a child's placement for adoption

Approaches to assessment and diagnosis need to be careful, open-minded and child-centred, since there may be multiple possible explanations for young adopted children's presenting symptoms and behaviours. This applies at any stage before or after adoption. However, during the process of matching a child and prospective adopter, professionals' understanding of the child's health and development has particular, life-changing implications. Therefore, professionals need as clear and full a picture as possible. **Robust health assessments and reviews for looked after children** can support this, as can **ensuring that foster carers feel supported to identify and raise any concerns**.

This project explored a fundamental issue with parents feeling that they did not expect or feel prepared for their children's additional needs. This was sometimes attributed to a perceived lack of openness and honesty from professionals prior to adoption. On the other hand, professionals suggested that parents sometimes do not take on board information and warnings about what may lie ahead. Children's development and the impact of their early experiences can be uncertain; communication between professionals and prospective adopters is affected by hopes, fears and expectations on both sides; and there is no substitute for lived experience.

If it was deemed that actually this little girl might just need somebody to be at home full time because of these issues – if they were honest and open enough to say actually we think there might possible autism, there might be possible foetal alcohol [...] I would have given up my job a long time ago. – Parent

► **Best practice will involve professionals preparing prospective adopters for children's potential needs whilst highlighting children's abilities and instilling trust.**

Project participants identified practice that had contributed to positive experiences, or that might have improved experiences:

- adoption agencies ensuring that all prospective adopters are offered a consultation with their medical adviser
- training for, and communication with, prospective adopters that emphasises the 'typical needs' of adopted children today (see 'What do we know about adopted children?', above)
- information being conveyed in ways that feel as tangible as possible e.g. bringing prospective adopters together with key individuals in the child's life and with experienced adopters
- clear, unhurried, detailed and factual communication about children's needs, with opportunities for prospective adopters to ask questions and reflect afterwards
- written summaries of conversations which can support shared understanding and prospective adopters' consideration of key points, particularly when complex information is involved
- the concept of 'realistic positivity' as described by one SEND professional interviewed: identifying a child's existing skills and exploring how parents can help to build these, whilst clearly acknowledging the child's needs and challenges
- **information about available help (Figure 2).**

Independent, personalised support should ideally be accessible to prospective adopters as they go through the process. They should at least be **signposted to existing resources and informed that they can take a supporter with them to meetings** where appropriate.

Supporting children and families effectively

When children are placed

The 'settling in' phase following a child's placement for adoption is a critical period, particularly for understanding needs that emerge or persist amidst significant change. Care is required to manage potential tensions between families' need for time and space to form relationships and their need for supportive intervention.

Contact between SEND professionals and families around the time of placement could be beneficial, in terms of observing how children respond to their new home environment, realising their potential, and empowering and upskilling parents. Some project participants called for **openness to contact between adopters and medical advisers beyond matching**, challenging standard practice.



‘What we say is, you can build on a positive skill [...] We need to find out what [the child’s] skills are, and then support the parents to raise those skills, to make those expectations [...] We are the voice of positivity, but realistic positivity, and we do listen to what the parents say.’ – SEND professional

Access to information and advocacy between a child’s placement and legal adoption was identified as important. This period can be highly sensitive in terms of how prospective adopters and professionals work together to plan for and meet children’s additional needs.

There is a need to ease children’s transitions into, or between, early years settings or schools when they are placed for adoption. The impact of children’s changing legal status on their education must also be carefully managed. One Virtual School professional recommended an **early years personal education plans (PEP) for children previously in care**. Adoption UK has called for consideration of greater **flexibility around school starting age and openness to flexi-schooling** during the first school years.

Anticipating and responding to families’ concerns

Parents will vary in terms of how much involvement, control, autonomy and authority they want when it comes to addressing their children’s additional needs. They will also feel differently about asking for support with their family lives.

More proactive post-adoption support was called for by some project participants, who suggested it is fair to presume that most families will require help. Significant shifts in this respect would require changes in policy on previously looked after children or consideration of how available resources are deployed. However, this idea echoes findings from an evaluation of the early implementation of the Adoption Support Fund (ASF); the evaluation report suggests some ways this might be achieved in relation to ASF-funded provision².

‘I don’t regret adopting; I just regret the fact that there isn’t the support and the help when you need it and I know that a lot of it’s due to funding, but you only then access any services when you are at crisis point, and if there were things around earlier you might not reach that crisis point.’ – Parent

² King, S., Gieve, M., Iacopini, G., Hahne, A. and Stradling, H. (2017). *The Evaluation of the Adoption Support Fund*. London: Tavistock Institute of Human Relations.

Figure 2: INFORMATION ABOUT AVAILABLE HELP

- **Expectations about the nature and availability of support are important: they inform parents' decisions about proceeding with adoption and seeking help if concerns arise.**
- **At all stages, adopters should have access to clear, up-to-date information about entitlements and support, including the Local Offer.**
- **Information should be explicit about which resources and provision are subject to assessment of need.**
- **Indications of timeframes for post-adoption support assessments and ASF applications may encourage timely help-seeking.**
- **Where children are adopted across area boundaries, adoption support teams need to help each other and families to understand local services and providers.**

Provision of good information and signposting to available support can aid parents' decision-making about when, how and where to seek help (Figure 2).

Families who try to access assessments and provision, or obtain education, health and care (EHC) plans, for children may face a range of barriers. Also, in many instances, establishing and meeting children's and families' needs is not simple.

► Professionals identified elements of effective assessments by post-adoption support, child health or other services, including:

- timeliness (e.g. some local authorities aim to assess needs for post-adoption support within 45 working days)
- comprehensive, holistic and multidisciplinary approaches
- flexibility, allowing families to re-engage with services or have needs reviewed over time
- an emphasis on children's abilities and potential
- the involvement of parents in promoting children's progress.

Some participants wanted agencies to be able to keep an 'open door' or to prioritise adopted children when allocating appointments; they also wanted to see a focus on needs rather than diagnoses. Where mental health is concerned, these wishes resonate with the recommendations of an Expert Working Group set up in 2016 to improve responses to the mental and emotional health needs of care-experienced children³.

³ SCIE (2017). *Improving mental health support for our children and young people*. London: Social Care Institute for Excellence.

Perhaps unsurprisingly, relationships between adopters and services were central to this project's findings. The capacity of skilled professionals, attuned to individual families and able to adapt their approach, is key to reducing the risk of problems escalating (Figure 3).

Figure 3: HEALTHY RELATIONSHIPS BETWEEN FAMILIES AND SERVICES

Parents and professionals suggested that families have good experiences when:

- **they have access to experienced, available and responsive professionals who know the local systems**
- **there is continuity in relationships between professionals and families and 'light touch' involvement over time**
- **parents feel respected, listened to, believed and appreciated**
- **they can participate in assessments, decisions and meetings**
- **professionals show positive regard for children**
- **parents are offered emotional support and strategies to meet their children's needs at home.**

Parents' and professionals' expectations of themselves and each other warrant continuing exploration. This can happen through conversations between individuals, feedback mechanisms within services, and dialogue between adopters' groups and local authorities/regional adoption agencies. Sustained effort is needed to harness the benefits of parent groups and to foster information-sharing and dialogue between such groups and professionals.

'You could tell [the adoption support social worker] was experienced; she knew the team; she read up on everything about [my child]; and she knew what services were available to support me and [my child]. And to get us the assessments we needed. She was absolutely brilliant, still is to this day.' - Parent

A range of opportunities for adopters to interact should be available, given the importance of adopters sharing experiences and providing mutual encouragement. These might include training for prospective adopters; local, national or online groups focused on adoption and/or disability; courses and workshops; and family events. Small online networks appeared to have a role in addressing the specific ways in which disability- and adoption-related issues intersect, in which case adoption services and organisations may be able to help improve their visibility and promote good practice.

Configuring, coordinating and developing services

Parents' and professionals' experiences reflected the importance of joint working when making referrals, agreeing responsibilities, coordinating and inputting into assessment processes, allocating resources and delivering support. A range of issues relating to this were described by project participants, and often attributed to resource constraints. Their concerns were reflected within the literature: an early evaluation of the ASF found that many of the families receiving ASF-funded support had had poor experiences of seeking help through other services and of multi-agency collaboration⁴. The agencies they considered most relevant to addressing their problems were schools and children and young people's mental health services.

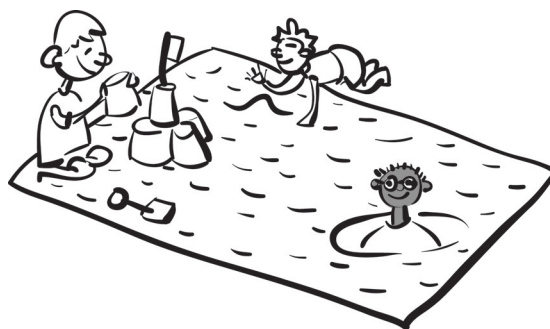
► Project participants referred to various enablers of joint working:

- oversight being held by an individual practitioner or agency – although the practical difficulty of this was acknowledged
- co-location and strong relationships between practitioners in different local authority teams
- professionals being aware of the other services with which families are in contact
- the Common Assessment Framework and Team Around the Child/Family approach
- multidisciplinary networks and working groups (mentioned as having helped facilitate adoption professionals' contributions to EHC planning).

Service design should aim to strengthen multidisciplinary working. Participants suggested structural changes to adoption services (e.g. embedding health professionals in adoption teams) or the provision of specialist services for adopted or care-experienced children (e.g. mental health). Such models could be used to support holistic working; reduce the risk of assessments or intervention becoming burdensome for children and families; and improve access to practitioners who are familiar with this population.

Local efforts to improve joint working through other operational and strategic mechanisms were described in some interviews. For example, in one area strategic managers in post-adoption support and mental health services worked together; adaptations had been made, and advice provided, in relation to children's mental health referrals.

Within local authorities, 'ownership' or case-holding of children by certain teams sometimes appeared to lead to a lack of joined-up working or open thinking about the needs of adopted children. For example, most adoptive parents had received input from post-adoption support teams and not from disabled children's teams; the social



⁴ King, S., Gieve, M., Iacopini, G., Hahne, A. and Stradling, H. (2017). *The Evaluation of The Adoption Support Fund*. London: Tavistock Institute of Human Relations.

workers interviewed reported little contact between adoption and disabled children's teams. The exception was one small local authority in which teams were co-located.

Mutual awareness of each other's work, including access criteria and resource constraints, can help staff in local authority adoption, SEN and disability teams – and regional adoption agencies as they develop – to coordinate support for children and families. **Greater information-sharing across teams or boundaries on an opt-in basis** might also be appreciated by some families if it aids coordination.

'[Families] can spend a lot of time spinning in this wheel between health, education and us, and everybody is making referrals to non-existent support services.' – Adoption support social worker

Managers could consider what might enable practitioners to align and contribute to each other's assessments, plans and reviews. For example, all areas should have a clear protocol for inviting social workers into the EHC planning process. Resourcing of adoption professionals' input (e.g. from independent agencies) may need careful consideration.

Professional development is another crucial area in which a multidisciplinary approach appears important. Findings from the interviews and literature indicate the value of well-supported opportunities for a range of practitioners to interact; coordinate; and share philosophies, approaches and experiences. The findings elicit three particular observations:

- **Adoption agency medical advisers and social workers need support, guidance and opportunities to reflect together,** due to their critical and interdependent roles in shaping perceptions of children's health needs. These needs require ongoing consideration at local and national levels.
- **Effective support depends upon professionals from a wide range of disciplines having a sufficient and up-to-date understanding of adopted children's needs,** especially the impact of attachment issues and trauma. This includes early years and education providers and generalist paediatric services. Virtual Schools and looked after children's health teams were identified as having important roles in informing and advising health, early years and education colleagues.
- SEND professionals who participated in this project spoke with confidence about balancing realism and optimism about children's needs. **Adoption agencies might consider the potential contribution of SEND professionals, and SEND-related concepts and terms, to adoption decision-making and support,** and how this could be facilitated.

Conclusion

This project has identified challenging issues for families whose young adopted children have additional needs they did not expect, as well as factors that help and hinder them in accessing resources and services. Given that many aspects of adoption and SEND practice appear to have some bearing on the experiences of these families, findings suggest wide-ranging implications for practitioners and managers working with and for them. These implications, and the interface between adoption-related and other processes and professionals in general, are worthy of consideration at local and national levels.

The outputs from this project present recommendations drawn from parents' and professionals' own ideas, concerns and hopes. They offer a reference point for ongoing efforts to improve support for young adopted children and their families.

Further reading

- *Realistic Positivity* full research report and summary: <http://bit.ly/RealisticPositivityRpt>
- Council for Disabled Children: <http://www.councilfordisabledchildren.org.uk>
- National Children's Bureau: <http://www.ncb.org.uk>
- Children's Policy Research Unit: <http://www.ucl.ac.uk/children-policy-research>



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About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC membership is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Making Ourselves Heard
- Special Educational Consortium
- The Information, Advice and Support Programme
- Transition Information Network

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