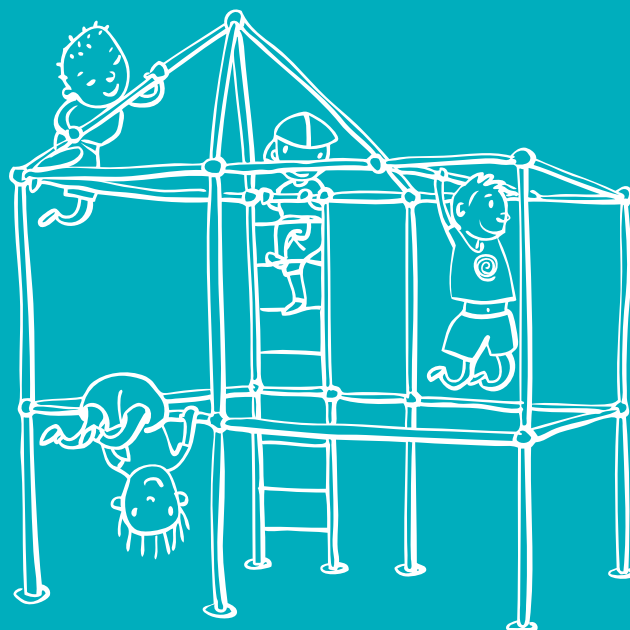# 'Realistic positivity': understanding the additional needs of young children placed for adoption, and supporting families when needs are unexpected

Summary report

Council for Disabled Children, July 2018

Background

Today, the vast majority of children adopted in England have spent time in the care system, having become 'looked after' by a local authority following abuse or neglect. Whilst adopted children and their families may thrive, particularly with the right support, many experience significant distress and occasionally adopted children leave the family home prematurely. This is known as 'adoption disruption'.

The legacy of adverse prenatal environments and children's early experiences can be complicated and extremely challenging. This, along with issues relating to professionals' involvement and the emergence of needs over time, can make it difficult to recognise and respond to children's needs including common conditions such as autism. It is not clear how many adopted children are disabled or have special educational needs, but adoption and disability are two complex areas of experience for children and families, and of professional practice. There is significant debate about how the needs of both adopted children and disabled children are identified, assessed, diagnosed and addressed.

Many parents feel that they were not provided with sufficient information about their adopted child's health and development. This project aimed to understand and inform support for families for whom adoption and disability intersect in unexpected ways. It related to families in England with children who are not known to their adopters prior to placement, for whom concerns about additional needs arise during their early years or transition to primary education.

The project addressed:

- 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.

To an extent, the adoption system anticipates and plans for the social, emotional and mental health (SEMH) needs of adopted children. This project, therefore, focuses on other areas of special educational needs and disability (SEND), including cases in which children's needs are ambiguous or multifaceted.

The project involved a range of activities, the key ones being 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.

A wide range of policy areas have some bearing on the issues addressed. The project report highlights pertinent aspects of statutory guidance on:

- promoting the health and well-being of looked after children
- adoption
- SEN and disability
- promoting the educational achievement of looked after children and previously looked after children.

It also identifies current or imminent policy developments that will affect practice in relevant areas.

By placing parents' and professionals' experiences in the context of policy and evidence spanning health, social care and education, the project report supports understanding of complex and sensitive issues. It aims to contribute to the development of good practice in addressing young children's additional needs and working with their families pre- and post-adoption.

This briefing is based on independent research commissioned and funded by the National Institute for Health Research (NIHR) Children's Policy Research Unit. The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the National Institute for Health Research, the Department of Health and Social Care or its arm's length bodies, and other Government Departments.

The full research report and *Realistic Positivity* practice briefing are available at: **http://bit.ly/RealisticPositivityRpt**

Key findings

The literature shows how the profile of adopted children and the nature of adoptive family life have shifted considerably over time, reflecting changing attitudes to family, adoption and disability. There are significant gaps in data on SEN and disability, 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
- SEMH needs are much more prevalent among care-experienced children than the general child population
- adopted children experience lower academic attainment and more behavioural problems than their peers, and appear to have a much higher incidence of exclusions at primary school age
- children's additional needs appear to be a relevant factor in disruption, though the literature is mixed.

Findings from interviews and literature reveal that, due to histories of abuse or neglect, and sometimes the history of their support in care, young adopted children are often not well known and have significant holes in their health stories. Arriving at definitive conclusions about the health and development of young care-experienced children is difficult and may be inappropriate. Work with prospective adopters and adoptive families may, therefore, be attended by a high degree of uncertainty, ambiguity and difference of opinion about what children may need and how they may present in the future. However deep professionals' commitment to child-centred practice and supporting families, this context raises a range of practice challenges for them.

The rarity of adoption disruption and findings on the challenges involved in adoption show that parents often go to great lengths to preserve their adoptive families. However, they need to be well-supported.

Findings from parents and professionals are presented below, in terms of themes that emerged from the interviews. They are accompanied by findings from the literature where relevant.

Identifying and understanding children's needs

> **'The impact of trauma or a child's attachment style or separation can present in the same way as autistic behaviours or ADHD[1], or sometimes a learning disability, or developmental delay.' – Social worker**

Findings from literature

The needs of young children placed for adoption must be considered within a context of possible experiences of adverse prenatal environments (e.g. maternal stress or exposure to drugs and alcohol), genetic risk, insecure attachment, neglectful care, persistent trauma, and changes in caregiver. Interpreting children's presenting symptoms and behaviours before, during and after adoption can involve a range of issues:

- difficulties with obtaining key background information about children and their birth parents
- children's needs emerging over time
- children having multiple needs which do not meet thresholds for particular diagnoses
- symptoms and behaviours not being clearly attributable to a single condition
- issues identified by professionals not being formally recognised in standard diagnostic classifications (e.g. developmental trauma)
- conditions lacking clear diagnostic criteria or pathways (e.g. foetal alcohol spectrum disorders)
- the requirement for specialist multidisciplinary assessments, which are resource-intensive, to gain the best possible insight into children's needs
- the limitations of mental health screening tools such as the Strengths and Difficulties Questionnaire for this population of children
- confused usage of clinical terms such as 'attachment disorder' and a tendency to over-diagnose attachment problems at the expense of more common disorders.

Professional approaches to understanding and addressing the needs of care-experienced children have been heavily influenced by attachment and trauma theory. The evidence base is developing, particularly with regards to the impact of trauma in early life. However, there is a lack of consensus and professionals may operate within different frameworks.

[1] Attention deficit hyperactivity disorder.

Findings from parents and professionals

Several parents suggested that their child's needs had been missed by professionals prior to their placement for adoption, or that concerns had not been acted on whilst children were in care. Parents expressed appreciation for specialist health services and education professionals who were familiar with issues affecting care-experienced children.

Among professionals, there was agreement that understanding and communicating about the needs of young adopted children involves grappling with difficult issues. Professionals mentioned many of the issues identified in the literature and expressed a range of divergent opinions about how to handle the resulting uncertainty. They also noted dilemmas in balancing early identification with avoiding the consequences of labelling children too young. SEND professionals emphasised children's abilities and potential, with one promoting an attitude of 'realistic positivity' when working with families.

Findings demonstrate the critical roles of adoption agency medical advisers and social workers in shaping perceptions of children's health and development. However, parents and professionals also raised the importance of professionals from a wide range of disciplines understanding the needs of adopted children, especially the impact of attachment issues and trauma. Early years and education, in particular, were seen to require help in this area.

Communication and information pre-placement

'There's just nothing quite like actually living it really yourself.' – Parent

Findings from literature

Professionals face complex dilemmas in explaining children's current and potential future needs to prospective adopters, and managing their expectations about what is known and knowable. Research has revealed the potential for significant gaps or clashes between the perspectives of professionals and prospective adopters on these issues, and for parents to believe that professionals failed to share, or actively withheld, information about their children[2]. There is limited recent research on links between provision of background information and parenting challenges, but the available literature does suggest such links exist.

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[2] Selwyn, J., Wijedasa, D. and Meakings, S. (2014). *Beyond the Adoption Order: challenges, interventions and adoption disruption*. London: Department for Education.

Findings from parents and professionals

Parents and professionals both spoke about how information families receive about children's health and development – particularly general information not related to an individual child – may not feel 'real' until after children are placed. Where the matching process had included opportunities for the prospective adopter to observe a child or to speak with professionals involved with the child, these were appreciated. Some parents also emphasised the value of hearing adopters' experiences of parenting children with additional needs.

Interviewees discussed the dilemmas facing professionals when explaining children's needs. However, parents commonly reported feeling that their children's needs were downplayed by professionals during matching, or that undue optimism on the part of professionals had inhibited frank communication. Parents also reported instances of professionals appearing to dismiss or gloss over their concerns or those of other professionals. Some parents recounted experiences in which the requirements of the adoption system appeared to conflict with those of children and families: for example, of having been pressured to decide whether to proceed with adopting a child after receiving information at short notice.

Some parents reflected on how advocacy or support from professionals or experienced adopters had helped, or might have helped, them to make more informed decisions about adopting a particular child and adapting their lives, or to be more assertive about their needs.

Parents and professionals both acknowledged difficulties for prospective adopters in engaging with the matching process dispassionately and establishing realistic expectations, due to the emotions involved. Professionals described how some parents struggle to process that their child has significant difficulties that cannot be resolved by loving parenting. Some professionals suggested that, in some cases, clear information about children's uncertain or likely needs is provided but prospective adopters are not ready to hear, or later forget, what is said to them.

Face-to-face meetings between prospective adopters and a range of professionals, particularly medical advisers, were noted as key opportunities to inform expectations. Interviewees identified factors supporting effective consultations with medical advisers: sufficient time; plenty of detail; factual information; frankness and transparency; opportunities for questions; written summaries; and time to reflect afterwards.

Interviews suggested that prospective adopters can learn about concerns relating to children's health or development without being deterred from proceeding. This reflects findings from the literature. However, some professionals alluded to the limitations of clear information and warnings, stressing the need for sufficient support after a child's placement, when previously abstract information becomes 'real'.

Supporting families at different stages and through transitions

'We work very hard to put in that extra level of support commensurate with the unusual beginnings of this state of familyhood.' – NHS therapist

Findings from parents and professionals

Parents and professionals discussed the various changes that coincide for young children when they are adopted: they move between caregivers, early years or education settings, legal statuses, services, and often local authorities. Whilst placement for adoption ultimately aims to create stability and positive experiences of family, it entails significant shifts for children who have already experienced instability, during a life stage characterised by development and transitions.

Interviewees saw the 'settling in' phase as a critical period, recognising how placement could impact positively on children's health and development, but also the difficulty of identifying children's persistent needs in the context of significant change. SEND professionals gave examples of involvement with families around this time that they felt had been beneficial.

The period between a child's placement and the granting of an adoption order was depicted by some interviewees as highly sensitive, in terms of how prospective adopters and professionals work together to address children's additional needs. A need for information and advocacy during this phase was identified.

Interviewees also alluded to tensions between children's and families' requirement for time and space to form relationships after placement and their needs for supportive intervention. Post-adoption support services were sometimes described as inaccessible, particularly to families who adopt children across local authority boundaries.

Parent interviewees who reflected on early years settings often portrayed them as responsive to children's additional needs and able to reassure or empower parents. However, experiences of schools appeared more mixed. Interviewees expressed a view that urgency to get children into education or to meet education,

health and care (EHC) planning deadlines could hamper attempts to understand children's needs soon after placement. They felt that time was needed to see if a child's placement would positively impact their development and, in some cases, to confirm whether additional needs were enduring or more situational.

## Parental engagement with services and community resources

> **'For parents, even capable parents who are used to filling out paperwork and all that sort of stuff, it's really difficult navigating the system and the overwhelming number of professionals that get involved, and going into meetings with a whole room of professionals.' – Early years professional**

Findings from parents and professionals

Many parents called for better provision of information about services, and several conveyed dissatisfaction with advice they were given about how to seek help, or with responses to concerns about their children. Post-adoption support professionals explained how they had aimed to make adopters aware of available support, identifying some barriers around information-sharing. Several interviewees mentioned the potential contribution that can be made by services that are not adoption-focused when they are aware of adoptive families: e.g. SEND Information Advice and Support (IAS) services.

Adoption and disability are both sensitive and complex areas of children's practice, in which the fulfilment of families' rights and the state's responsibilities can become contested. Many comments indicated that parents' efforts to understand their children's additional needs, to hold their families together and to access services required significant energy, resilience, knowledge and competence. This was seen as unsustainable and likely to create inequality, given that some families are less likely than others to seek timely help, and less able to overcome barriers to accessing services.

Parents described how services had engaged with them well, or might have done so better, and professionals had ideas about what helps to ensure good experiences for families. The following elements were identified as supporting healthy relationships
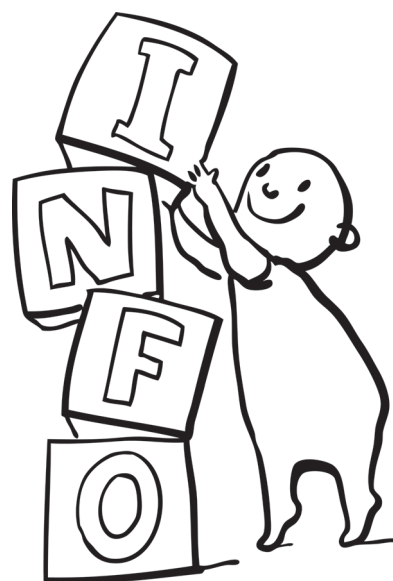
between families and services:

- experienced, available and responsive professionals who know their local systems
- continuity in relationships between professionals and families and 'light touch' involvement over time
- respect for adopters, ensuring they feel listened to, believed and appreciated
- adopters' participation in assessments, decisions and meetings
- professionals showing positive regard for children
- emotional support for parents and strategies to meet their children's needs at home

In relation to post-adoption support specifically, interviewees noted the importance of:

- clear communication with prospective adopters about the likely availability of support
- encouragement for adopters to seek help before reaching crisis point, although services were seen to lack capacity to meet demand
- timely assessment of families' needs (according to social workers interviewed, some local authorities aim for 45 working days despite there being no statutory timeframe).

Some parents and professionals emphasised that authorities and agencies should expect and respect the level and immediacy of needs in this group of children, and the fact that needs don't change overnight when a child's legal status changes. These interviewees wanted provision to be proactively offered, based on a presumption that families will require help.

The importance of adopters sharing experiences and providing mutual encouragement was highlighted by parents and professionals. Parents wanted easier access to supportive connections with other people in similar circumstances to themselves. Professionals wanted to be able to offer a range of opportunities to meet the diverse requirements of adopters and families.

Responses to new or emerging concerns post-placement

'There are gaps but when it suddenly works, when you get the appointments, or you get the right people involved, then the system can work.' – Parent

Findings from literature

Young adopted children who have additional needs and their families may require a range of support. Post-adoption services include support from social workers; counselling, advice and information; therapeutic provision; and financial assistance. The Adoption

Support Fund is now the primary funding source for therapeutic services provided to adopted children and their families in England. An evaluation of the ASF's early implementation found that families accessing the Fund had profound and long-standing needs, and that the ASF had made a positive impact[3]. However, some difficult challenges and areas for improvement were identified, including further work to strengthen multi-agency collaboration. Besides post-adoption support, the services families considered most relevant to addressing their problems were schools and children and young people's mental health services.

Adopters have reported mixed experiences of support from schools, and early years providers have indicated a wish for information, support and advice to help them meet the needs of adopted children. Difficulties for care-experienced children in accessing mental health services were clearly apparent in the literature: these included diagnostic thresholds; services' stances on whether particular needs constitute mental health problems; and their stated remit.

Findings from parents and professionals

Parents' and professionals' identified a range of issues and suggested ideas for improvements. Post-adoption support featured strongly in interviewees' comments on responses to parental concerns: they were important in themselves and as a route to accessing specialist assessments and provision.

Access
Some parents praised services' timely, proactive responses to their concerns. However, accessing assessments and provision or obtaining EHC plans for children were often described as involving 'pushing' and 'fighting' in the face of inadequate coordination, resources or appreciation of need. Interviewees' ideas for improvements included priority appointments for previously looked after children, and a timescale for completing post-adoption support needs assessments.

Assessments
Assessment of children's needs appeared closely linked to issues around how different services assigned, accepted and held responsibility. Professionals identified elements of effective assessments of children's and families' needs, which align with the factors supporting positive parent-professional relationships (above):

- comprehensive, holistic and multidisciplinary approaches
- flexibility, allowing families to re-engage with services or have needs reviewed over time
- emphasis on children's abilities and potential
- involvement of parents in promoting children's progress.

[3] 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.

Parents saw specialist input and assessments as a means of gaining insight into their children's needs, evidence corroborating their concerns or access to support. Both professionals and parents expressed a view that children's access to support should not be, but too often is, contingent upon diagnoses or labels.

Joint working

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, and often attributed to resource constraints. Professionals identified various enablers of joint working:

- oversight being held by an individual practitioner or agency – also mentioned by parents – 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).

Both parents and professionals suggested potential improvements involving structural changes to adoption services (e.g. embedding health professionals in adoption teams) or the creation of new specialist services for adopted children (e.g. mental health) that could draw upon multidisciplinary input. In some local areas, efforts had been made to improve joint working through operational and strategic mechanisms.

Particular issues were raised in relation to joint working between adoption services and education providers, and adoption and mental health services. Examples of effective collaboration between post-adoption support and mental health services included strategic managers working together, and adaptations and advice relating to children's mental health referrals.

Funding

Funding constraints are a relevant backdrop to many comments from interviewees. The ASF was frequently mentioned: most of the parents and professionals were positive about its impact so far. However, some reservations were expressed: for example about the Fair Access Limit. Professionals mentioned concerns around the perceived creation of an 'administrative category' that does not properly address disability or help join up the responsibilities of different agencies.

Implications for practice

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

The process of matching a child and prospective adopter must be informed by as clear and full a picture of the child's health and development as possible. Robust health assessments and reviews for looked after children, and supportive communication with foster carers, can contribute to this.

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. Findings indicate the need for well-informed generalist paediatric services, although interviewees also appeared to particularly value specialist multidisciplinary services for adopted or care-experienced children.

Children's current or potential future needs should be explained to adopters as openly and tangibly as possible during matching and when concerns arise after placement. Professional communication should be honest and frank, including about uncertainty and challenges, whilst highlighting children's individual strengths and abilities. The concept of 'realistic positivity' seems valuable in this respect.

Prospective adopters should be given time to absorb information, reflect and take further advice from medical advisers and others where necessary. They should be signposted to existing resources and invited to take a supporter with them to meetings where appropriate. Their access to individualised advice beyond this warrants further consideration.

At all stages of their adoption journey, adopters should receive clear information about entitlements, post-adoption support and the Local Offer. This should specify which resources and provision are subject to assessment of need. Expectations about availability and timeframes should be carefully managed.

The potential need for and implications of proactive post-adoption support is worthy of exploration, including families' particular needs in the year after a child's placement and at key transition points. Where appropriate, contact between SEND professionals and families around placement could help with observing and realising children's potential and empowering parents.

Children's transitions into or between early years settings or schools should be eased; this could be aided by greater flexibility in procedures concerning school starting age. The impact of children's changing legal status on their education also requires careful management.

Delays and barriers to children and families accessing help should be reduced wherever possible: interviewees' ideas included services keeping an 'open door' or periodically reviewing needs, and focusing on needs rather than diagnoses.

Strategic decision-making and professional practice should enable positive relationships with adopters, and adopters' participation. Continued effort is required to facilitate peer support for parents, harness its benefits, and foster dialogue between parent groups and professionals.

Practitioners must be supported to deliver effective, joined-up services sensitive to the experiences of children and families. Findings suggest a need for more training and knowledge-sharing for professionals from a range of disciplines on the needs of care-experienced children. Looked after children's health teams and Virtual Schools were identified as having important functions in informing and advising health, early years and education colleagues.

Good coordination between different professional groups, and safe opportunities for them to exchange knowledge, practice and philosophies, should be prioritised. There appears to be particular scope for improved joint working between post-adoption support services and specialist health services, especially mental health. Adoption professionals should be enabled to contribute to discussions and decisions about children's needs in early years and education settings.

Although some interviewees' ideas challenged current policy on previously looked after children or implied a need for consideration of how available resources are deployed, their wishes often resonated with recommendations from other work: namely the evaluation of the ASF's early implementation and an Expert Working Group set up to ensure that the emotional and mental health needs of care-experienced children and young people would be better met (see full report).

Professionals and families are working together in a context of shifting service structures, responsibilities and resources. Adoption is being regionalised; the impact of the ASF 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.

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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