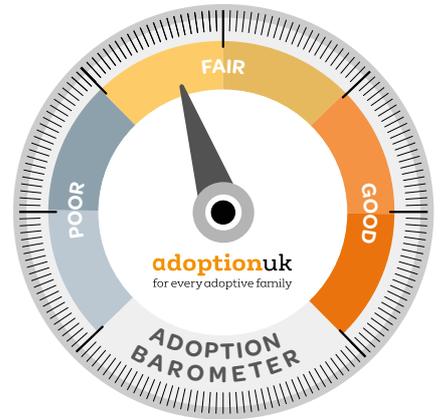


adoptionuk

for every adoptive family

Adoption Barometer



A stocktake of adoption in the UK

September 2020



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FOREWORD



Mike Rebeiro,
Chair of Trustees,
Adoption UK

For me, the publication of the second annual Adoption Barometer couldn't have come at a better time. It is a privilege to have such insight into the lives of adoptive families, just as I begin my tenure as the new Chair of Trustees for Adoption UK.

The survey for this year's report was conducted just before Covid-19 really took hold in the UK. For adoptive families everything has changed and yet fundamentally, nothing has changed. Children continue to need permanent, loving families and to find their forever home. Families continue to volunteer for the job. This report found that an inspiring 73% of adoptive families would encourage others to adopt.

My wife and I adopted two siblings in 2007. I recognise many of the challenges described in this report, and all of the joys.

Adoption UK's research shows that there are plenty of things going right, particularly for prospective adopters and those in the first years of placement.

While we should rightly continue to celebrate adoption, and the policies and practices that are working well for families, this report shows that, far too often, we are still letting adopted children down by not giving them and their families the help they need to thrive. These young people have all had an unfair start in life – we should be doing everything we can to give them an equal chance of a successful, happy and independent adulthood.

I found the section about fetal alcohol spectrum disorder particularly hard to read. Given its scale and its devastating impact, this needs to be treated as nothing short of a health and social emergency and Adoption UK will be pressing authorities to take urgent action.

This last year has also reminded us of the inequalities that exist in our wider society. As a dual heritage adopter myself, it is depressing to read that, despite the shortage of BAME adopters, we still wait longer for approval and for matching.

While we all reflect on how to 'build back better', this feels like a very good moment to strengthen the foundations of adoption support. This year's *Adoption Barometer* has the voices and experiences of almost 5,000 adopters at its heart, and we should listen carefully to what they have to say about the support they need and deserve.

Mike Rebeiro,
Chair of Trustees, Adoption UK

AN AGENDA FOR CHANGE

This year's *Adoption Barometer* (published September 2020) provides a comprehensive stocktake of the adoption landscape across the UK in 2019. It covers the experiences of nearly 5,000 adoptive families – from prospective adopters to those whose children are now young adults.

In 2019, our inaugural *Adoption Barometer* presented our first 'agenda for change'. While legislative change takes time – and it takes even longer for the impact of that change to be felt by adoptive families – there has already been some good news. Adopters in England have welcomed the extension of the Adoption Support Fund (ASF) and the first experimental data collection on school exclusions, both of which were recommendations from last year's report. And in Wales, there has been a £2.3m investment into adoption services.

This year, we decided to extend the range of questions in our survey and we also saw a significant increase in the number of families who responded. As a result, the *Adoption Barometer 2020* is even more comprehensive than last year and offers new insight into previously unexplored areas.

Every nation of the UK has a legislative and policy framework for adoption that was created for the purpose of promoting the welfare and outcomes of children and families. It also provides a foundation for the delivery of supportive services. However, there can be a gulf between the intentions of policy, and the experiences of those on the receiving end of the actual practice.

In this report, we have assigned ratings of 'poor', 'fair' and 'good' to the targets and policies of UK governments (using government data and previous research by Adoption UK and others) and to adopters' perceptions of their experiences as revealed by our survey.

This scoring gives an indication of the current state of play as we see it. It identifies areas where policy is resulting in effective practice, and where there could be an improvement in both policy and practice. Each section concludes with recommendations for governments and adoption and health professionals, which are aimed at improving systems and services for all adoptive families across the UK, including those who have adopted internationally.

To ensure that variations in approaches across the UK are represented, the 'nation by nation' pages explore the data from each country.

Our 'in focus' topic for this year is fetal alcohol spectrum disorder (FASD), a neurodevelopmental disorder that is poorly understood but has a dramatic impact on the lives of many thousands of adoptive families.

A month after we circulated the *Adoption Barometer* survey, the UK went into lockdown because of Covid-19. We do not yet know the full impact of the pandemic on our society, nor on adoptive families in particular – this will be a story for next year's report. As governments plan for recovery, the *Adoption Barometer* provides a comprehensive picture of the challenges that were already facing some of the UK's most vulnerable children and those who care for them, and which the pandemic may well have exacerbated.

A NOTE ABOUT LANGUAGE

The language used to describe the people and processes involved in adoption is constantly under scrutiny. There is a valuable, ongoing conversation around the need to ensure that our language does not harm, dehumanise or denigrate anyone.

As the *Adoption Barometer* aims to evaluate existing government policy and assess how effectively policy is being put into practice, we have chosen where necessary to use the terms that appear in government documentation. We recognise that some of these terms may be considered problematic, and that there are national differences. Our intention is simply to ensure clarity for the reader.

The following terms will be used:

Looked-after child: a child or young person that is currently in care.

Previously looked-after child: a child or young person who has left care as a result of adoption or another legal permanence order.

Care-experienced: a child or young person who is looked-after, or has previously experienced time in care – whether they have returned to family, left care as a result of legal permanence (including adoption) or ‘aged out’ of care (care leavers).

Contact: formal or informal arrangements made for adopted and previously looked-after children to communicate, meet or spend time with members of their birth family.

Child leaving the family home prematurely: sometimes referred to as ‘disruption’ or ‘breakdown’, this phrase aims to describe the situation that occurs when a child leaves their adoptive or permanent home prematurely, including those who become ‘looked-after’ under any legal order.

Adopted person: recent research by Adoption UK among adopted people has indicated that most prefer the term ‘adopted person’ rather than ‘adoptee’. We have chosen to adopt this terminology as a result.

Early permanence: an umbrella term to describe pathways (including concurrency and fostering for adoption) designed to minimise the number of moves through the care system that a child will experience before permanence.

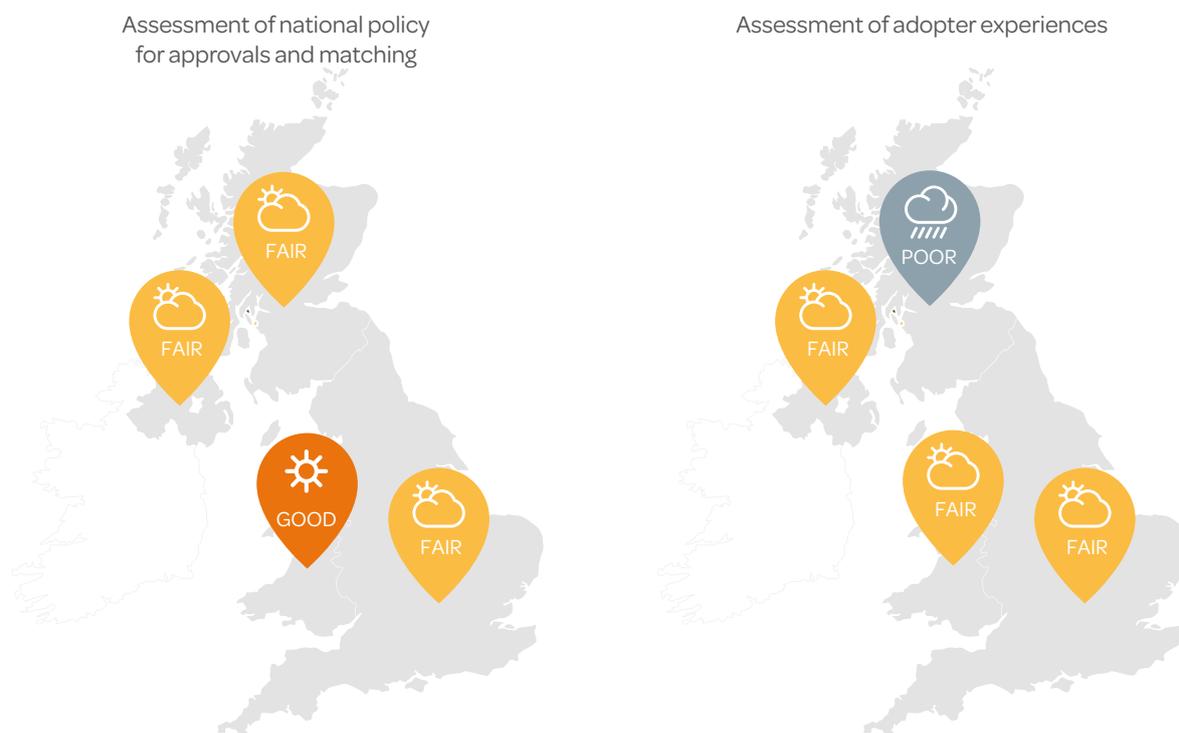
Fetal alcohol spectrum disorder (FASD): we have used the international medical spelling of this term (‘fetal’ instead of the British ‘foetal’). This is the spelling used by those working in this specialism.

Summary of key findings and recommendations



SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

Approvals and matching process



The overall assessment of adopter experiences remains unchanged in England, Scotland and Wales from last year's *Adoption Barometer*. Respondents from Wales and Scotland were somewhat more positive about their approvals processes this year, but these changes were not significant enough to affect overall scores. The improved score for Northern Ireland reflects a somewhat higher confidence in the provision of post-adoption support among this year's respondents.

The assessment of policies has improved in Wales because nationally-developed preparation and post-approval training courses are now in use, and there are plans underway to amend foster for adoption legislation.

Key statistics

- 26% of prospective adopters said that adoption was their first choice for starting a family
- 86% felt that their social worker understood and supported them through the process
- 70% had their introductory meeting with the agency within four weeks of their first enquiry, and 72% completed their approvals process within 12 months
- 58% experienced delays due to factors within their agency or difficulties obtaining paperwork
- 53% felt that there were times when the process seemed so difficult, they wondered whether they could continue
- BAME prospective adopters were more likely to experience delays at both approvals and matching stage

As was the case in 2018, the majority of respondents who underwent approvals and matching during 2019 were positive about their social workers, the preparation they underwent and the training that was offered to them. Despite this, more than half felt that the process seemed so difficult that they wondered if they could continue, and timescales slipped for a significant proportion at all stages.

There is some evidence that choice of agency is not always fully informed, and that prospective adopters may not be considering long-term factors, such as post-adoption support, when beginning the process. When reflecting on their approvals process, newly-placed adopters highlighted gaps in training provision that prospective adopters may not be aware of in their evaluations of the process.

RECOMMENDATIONS

1. Set time limits for adopter preparation and approval

All UK nations to have nationally-agreed recommended timescales for each stage of the approvals process, from initial contact with the agency up to approvals panel, and timescale targets for agencies. All these timescales to be monitored annually.

2. Help adopters choose the right adoption agency

All prospective adopters to be provided with independent guidance about what to look for and what questions to ask when choosing their adoption agency.

3. Tailor preparation courses to meet adopter circumstances

Training and preparation to take greater account of the differing needs of prospective adopters –including those with a disability, those who already have children, and the range of cultural, religious and ethnic backgrounds – and to include opportunities for all potential adopters to hear from adopted people and experienced adopters.

4. Enhance life story training and support

Life story work training to be built into preparation courses as part of a continuing programme of training and support that is designed to help adoptive families respond to the changing needs of their child or children as they grow.

5. Develop foster for adoption and concurrent care preparation, approval and support routes

The unique nature of early permanence models to be recognised in both the approvals process and the development of improved support for adopters, which provides them with consistent financial and practical help and tailored training.

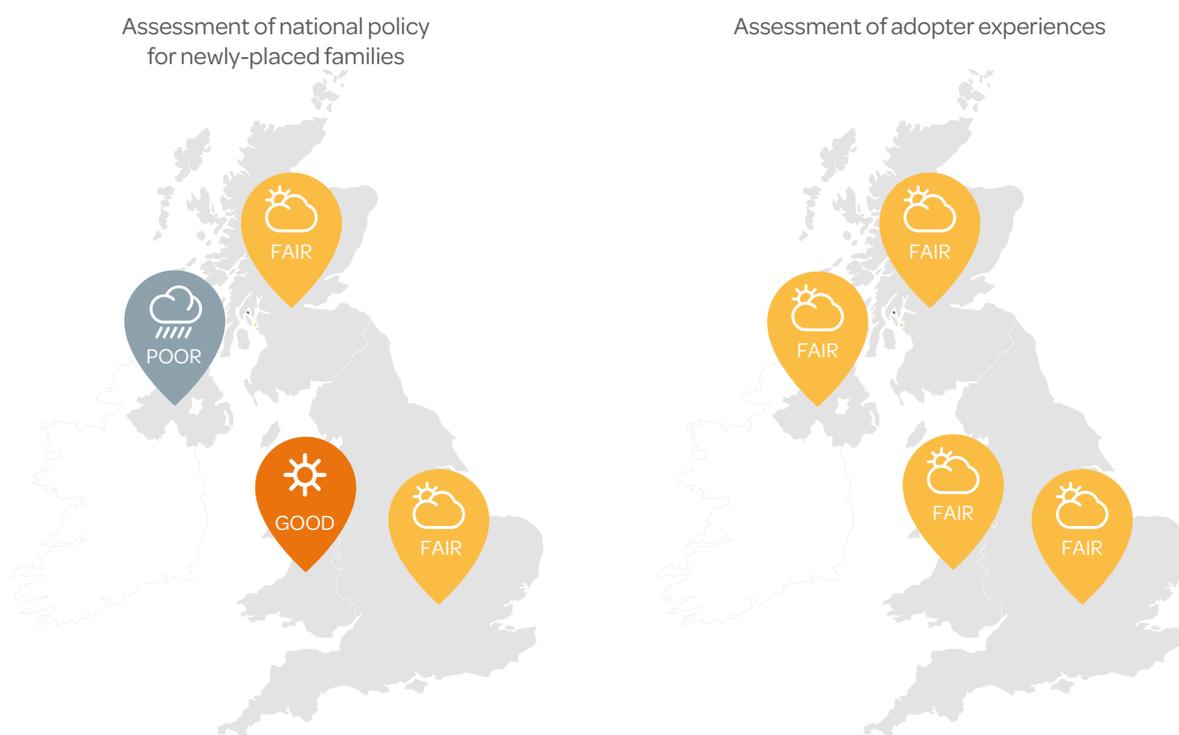
6. Inform preparation course development with feedback from recent graduates

Agencies to proactively seek feedback from their newly-placed adopters during their early months of placement, to inform improvements in preparation and training.

7. Ensure preparation and approval is geared to meet BAME adopters' needs

Further research should be commissioned in all UK nations to examine the experiences of black, Asian and minority ethnic (BAME) prospective adopters during the approvals and matching processes.

Newly-placed adoptive families



Scores for the assessment of newly-placed adopters' experiences have improved from 'poor' to 'fair' in England, Northern Ireland and Scotland, compared to last year's *Adoption Barometer*.

Although respondents from Wales were more positive about the support and the life story materials they received than last year, this was not significant enough to improve the overall score. The ongoing development of a national good practice guide in Wales has improved overall policy scoring from 'fair' to 'good'.

Key statistics

- 23% felt that they had not been given all the information they needed about their child or children before they moved into the family home
- 68% of those who had obtained the adoption order did not have a written post-adoption support plan in place
- 12% experienced a confidentiality breach during their matching process or after placement
- 87% felt that their social workers were supportive during the early weeks and months after placement
- 92% were willing to meet birth family members before placement, but only 25% were able to meet their child's birth mother, and 10% met the birth father
- 96% had at least one indirect contact agreement in place, and 33% had at least one direct contact agreement in place
- 65% would consider direct contact in the future

Newly-placed adopters were mainly positive about the support they received from their social workers and the preparation that they and their child had received, although too many did not feel that they had received all the necessary information about their child or children before they moved into the family.

High levels of stress, anxiety and concerns around coping demonstrate how challenging the first weeks and months can be, and supportive social workers were seen as a strong protective factor. Respondents were negatively impacted where social workers were unavailable, or there were frequent changes of staff.

After the adoption order, too many do not have a written post-adoption support plan, and quality and timeliness of life story materials remains variable. Rates of direct and indirect contact agreements vary widely across the nations and responses suggest that many are open to more contact than they currently have arrangements for.

RECOMMENDATIONS

1. Provide an assessment of need and a support plan for every child

A full therapeutic assessment for every child with a permanence plan, to be carried out before placement. The assessment should inform a clear written support plan, shared with the adopters on placement, and should be linked to a commitment to provide the support that is needed.

2. Protect adoptive families by eliminating data breaches

All agencies to ensure the anonymity of adoptive families is protected, by reviewing measures to prevent data breaches and providing regular refresher training for all professionals involved.

3. Correct adoption leave inequality

Entitlements to statutory adoption leave and pay for self-employed adopters to be brought into line with maternity entitlements for the self-employed.

4. Enhance life story training and support

Governments to issue refreshed guidance and training about life story work to all agencies, including nationally agreed and monitored timescales for the delivery of life story materials.

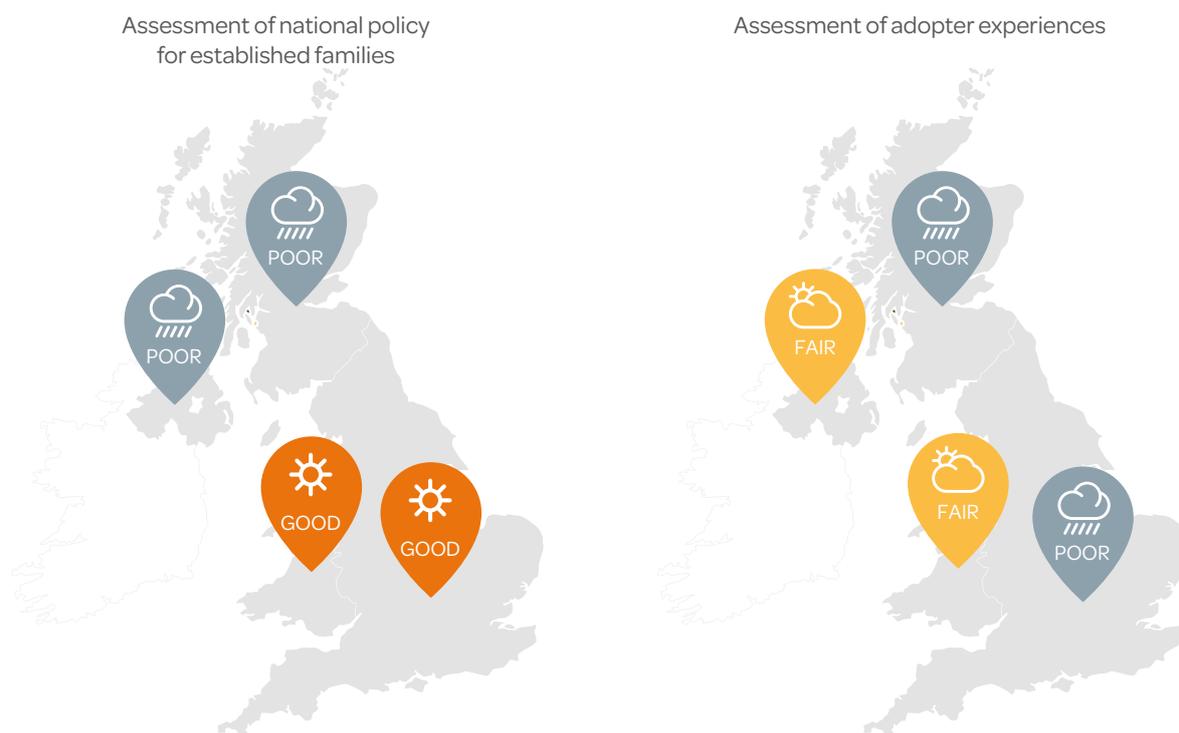
5. Ensure new adopters can get support from friends and family

All agencies to improve their guidance for newly-placed adopters to recognise and describe how family networks can support early placement without disrupting attachment and settling in.

6. Ensure new adopters can access peer support

Adoption agencies, local authorities (LAs) and regional adoption agencies (RAAs) to take a more active role in ensuring that newly-placed adopters can meet other local adopters as a universal support measure.

Established adoptive families



The criteria for policy scoring for established families has changed since last year, which accounts for the improvement to the overall score in England. In Wales, investment in adoption (including Adoption UK's Therapeutic Education and Support Services in Adoption [TESSA] provision) by the Welsh government has improved this area, leading to an increased overall score.

However, overall assessments of established adoptive families' experiences remain unchanged from last year's *Adoption Barometer*. Adopters in all nations continue to have negative experiences around managing continuing contact with birth families, and confidence in post-adoption support services has decreased slightly in England, Northern Ireland and Scotland.

Key statistics

- 73% would encourage others to consider adoption
- 76% feel optimistic about their family's future
- 75% described their family as experiencing challenges during 2019
- 64% had experienced violent and aggressive behaviour from their child
- 3.8% experienced a child leaving home prematurely during 2019; 63% of these children are not expected to return to the family home
- 46% of families who asked for post-adoption support in 2019 were experiencing significant difficulties or at crisis point
- One quarter of adopted children had direct contact with a birth family member in 2019
- 47% felt that existing contact arrangements were not meeting their child's needs
- 80% felt that their child needs more support in school than their peers

While established adoptive families remain largely optimistic about their futures and would recommend adoption to others (although less than the 79% who, reflecting on their experiences in 2018, said they would recommend adoption), many families continue to experience significant challenges.

The majority felt that they faced a continual struggle to get support for their child, particularly in education. While those who had accessed universal post-adoption support services generally had a good opinion of the quality of the service, too many were unable to make use of such services due to lack of availability, lack of information or lack of accessibility. Provision of enhanced support services for families experiencing significant challenges or at crisis point is inconsistent, with families in Scotland being least likely to receive such services, and delays commonly reported.

Rates of direct contact with birth family members were slightly higher in 2019 than in 2018, and adopters remain willing to consider more direct contact than is currently taking place. However, adopter perceptions of the system for maintaining contact are still largely negative, with too many feeling unsupported in the process. Adopters felt there was not enough support being given to birth family members, and that a lack of flexibility around contact did not allow for changing needs and situations.

RECOMMENDATIONS

1. Join up support during handover between agencies

Improved information sharing between agencies when responsibility for post-adoption support transitions between agencies, including a review of assessment of support needs at this point.

2. Secure stable long-term funding for adoption support

The ASF to be secured for the future in England. Secure ring-fenced funding to be introduced in Scotland, Wales and Northern Ireland to ensure that therapeutic and peer support is available to all adoptive families.

3. Create clear standards for post-adoption support

National standards to be created to guarantee an ambitious level of universal, targeted and specialist support for every adoptive family, including peer support. Every LA and RAA to provide a clear 'local offer'.

4. Update contact procedures for the digital era

Agency policies and family training about contact to be reviewed in the light of changes due to digital technology. All contact plans to be reviewed regularly and supported by a named social worker with suitable experience to ensure that all participants (adopted children and young people, their siblings, members of the birth family and adoptive parents) are well supported.

5. Provide family support when children leave home prematurely

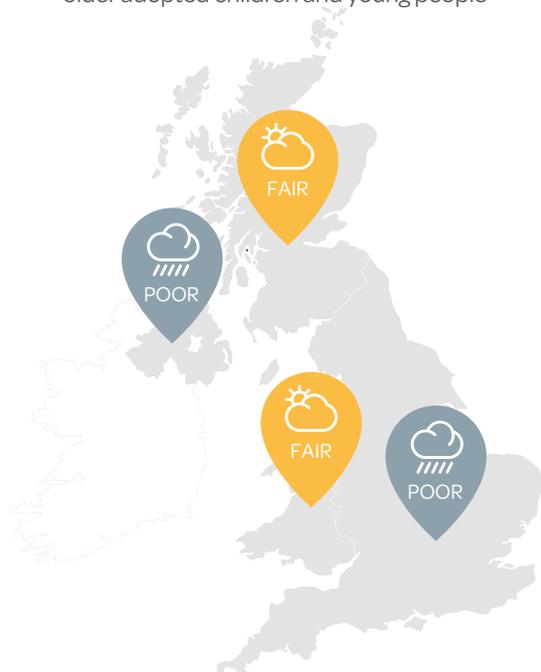
In circumstances where children leave home prematurely, families must be provided with support, including help to repair and rebuild relationships wherever possible.

6. Train education professionals in early childhood trauma and track attainment and outcomes of adopted children

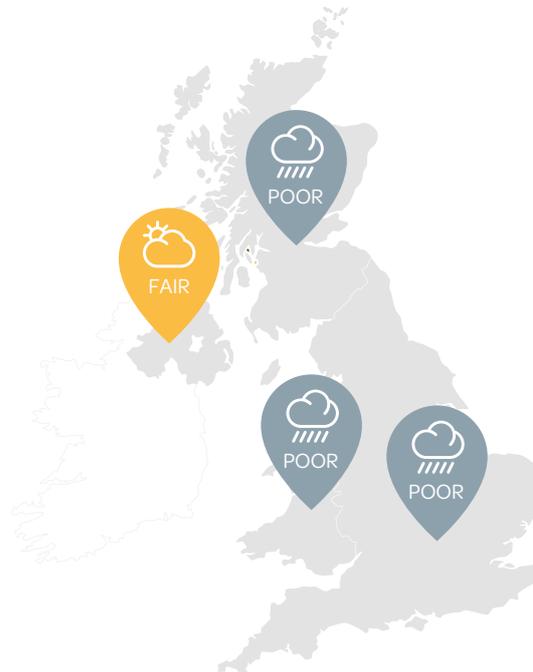
In education, all governments to collect and analyse data on attainment, special needs and exclusions for previously looked-after and adopted children, and to ensure that all education professionals are fully trained (from initial teacher training) and resourced (through targeted funding) to support the needs of previously looked-after and adopted children, including those adopted internationally.

Families with older adopted children and young people

Assessment of national policy for families with older adopted children and young people



Assessment of adopter experiences



Families from Northern Ireland with older adopted children were more positive than last year, while respondents from Scotland were less positive. Scores for other nations remain the same.

Respondents in all nations except Northern Ireland feel less optimistic about their older children's futures than last year's respondents. Overall assessments of national policies remain the same as last year in all nations.

Key statistics

- 48% of respondents with older children said their family was experiencing severe challenges
- 45% of children aged 13-18 were, or were suspected to have been, victims of cyber-bullying in 2019
- 19% believed their 13-18 year old child was involved in criminally exploitative activity during 2019
- One quarter of 13-18 year olds had indirect or direct contact with a birth family member outside of any formal agreement
- 21% of 16-25 year olds were not in education, employment or training (NEET) during 2019
- 16% of 16-25 year olds were involved with the criminal justice system during 2019
- 42% of 16-25 year olds engaged with mental health services during 2019
- 53% of adoptive parents did not feel optimistic about their 16-25 year old's future

This year's *Adoption Barometer* highlights the vulnerability of many adopted teens and young adults. A significant minority were exposed to risks both on and offline – including cyber-bullying, arranging to meet strangers they had encountered online, and being drawn into criminally exploitative activity including child sexual exploitation and county lines activities.

Families with children in this age group were considerably more likely to be experiencing severe challenges and were less likely to recommend adoption to others. Connecting and reconnecting with birth family members continues to be a significant feature for this age group, with more than half of adoptive parents knowing or suspecting their child had searched for information about their birth family online.

The rate of ongoing birth family contact among 16-25 year olds was similar to last year. Rates of involvement with mental health services and the criminal justice system remain high and fewer than half believe that their older child is getting the support they need.

RECOMMENDATIONS

1. Extend support for adopted and kinship care young adults to age 25

National governments to align the support available to previously looked-after young adults more closely to that for care leavers to reduce the 'cliff edge' effect during transition from services for children and adolescents to those for adults. This should include continuing support plans until at least the age of 25.

2. Improve transition to adult services

Review the thresholds for access to child and adolescent and adult services to ensure that there is clear alignment in order to achieve as smooth a transition as possible, bringing thresholds for adult services more into line with thresholds with child and adolescent services.

3. Provide life story support during teen years, in anticipation of contact

Local authorities and agencies to proactively offer all adoptive families support for life story work and birth family contact as children enter their teen years, in preparation for the possibility of direct contact outside of formal agreements.

4. Invest in online safety learning for vulnerable young people

Local authorities and agencies to offer tailored e-safety training to all care-experienced young people and their families as part of universal post-adoption support.

In focus: fetal alcohol spectrum disorder (FASD)

Assessment of national policy for FASD



Assessment of adopter experiences



Key statistics

- 80% of prospective adopters were given information about FASD as part of their preparation and training
- 55% of adoptive parents did not feel confident that they would know how to go about pursuing a diagnosis of FASD for their child
- 55% of children waited two years or longer for their FASD diagnosis
- 78% of parents whose children were diagnosed with FASD did not feel that healthcare professionals were knowledgeable about the condition or its various presentations
- 82% had not received effective follow-up support following their child's diagnosis
- 70% of parents whose children were diagnosed with FASD felt that their child's school did not understand the condition
- 90% did not feel that their child would receive the support they needed as they transitioned to adulthood

While the survey results show that awareness of FASD among prospective adopters and adoptive parents is very high, there is far less knowledge about the condition and the support services that are available for affected families among the wider community.

One in five parents whose child did not have a diagnosis of FASD had raised concerns that their child might be affected by the condition, and the majority of these felt that their concerns had been dismissed without proper consideration. Particular barriers included lack of evidence of prenatal alcohol exposure, lack of understanding of the variety of presentations of the condition, lack of an established diagnostic pathway or funding, and a tendency to prefer attachment or trauma as an explanation for any difficulties.

The process for those who did receive a diagnosis was long and complex, with only one quarter describing it as 'straightforward', and the overwhelming majority did not consider the follow-up support from statutory services to be effective. The result is that many families are unable to access diagnoses, and those who do are left to cope in a society that does not recognise or understand their child's invisible disability.

RECOMMENDATIONS

1. Agree national FASD strategies

All UK nations to have FASD strategies covering awareness raising, diagnosis and support services, with fully costed implementation plans. National strategies should also cover the reduction of prenatal exposure to alcohol.

2. Improve recording of prenatal exposure to alcohol

Those working in social care and healthcare to be given training in accurate recording of prenatal exposure to alcohol, and in having difficult conversations about prenatal alcohol misuse.

3. Recognise higher risk of FASD in care-experienced children

Government guidance to be issued to healthcare professionals that a diagnosis of FASD should be considered as part of a presumption of neurodevelopmental disorder amongst care-experienced children.

4. Provide FASD awareness training to all relevant professionals

Professionals working in social care, healthcare, education and criminal justice services to be given training in the presentation of FASD, understanding of its impact on individuals who are affected, and effective strategies to support them.

5. Train health professionals to diagnose and support individuals with FASD

All healthcare professionals to be given training in FASD diagnosis and support.

6. Create 'one-stop-shop' to support families affected by FASD

Each nation to provide a government-funded single, nationwide point of information and advice about FASD for families, social work professionals, third sector organisations, the police and criminal justice system and education professionals – including signposting to relevant support services, support groups, helpline services, information, training and targeted ongoing support.

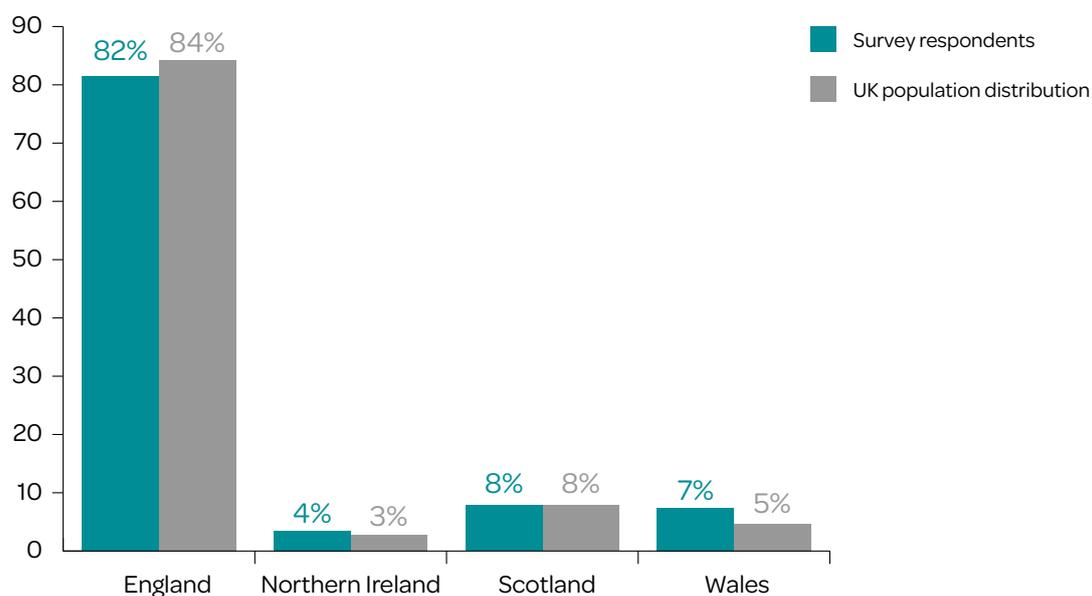
7. Provide integrated support plans for families affected by FASD

All families with a diagnosis of FASD to be given a multi-disciplinary support plan. This should include access to a support group (preferably specifically for FASD families; failing that, for families impacted by a wider group of neurodevelopmental disorders) and signposting to further support services.

ABOUT THE DATA AND SURVEY RESPONDENTS

Data was collected via a survey for adoptive parents and prospective adopters which was open for 50 days between January and March 2020. In total, there were 5,509 responses from across the UK, of which 4,926 were valid (i.e. the respondent was an adoptive parent of a child or children aged 0-25, or was undergoing an approvals or matching process during 2019). This is a considerable increase on last year's survey, which had 3,500 valid respondents. All analysis and data include valid responses only.

While the majority of respondents were living in England, the geographical spread of respondents corresponds quite closely to the geographical spread of the population of the UK.



The link to the online survey (hosted by Survey Monkey) was circulated by Adoption UK, both online and via direct mailings to members. It was also circulated by Adoption UK volunteers within support groups known to or organised by them, both in person and online. A number of local authorities, voluntary adoption agencies, virtual schools (in England) and other organisations connected with the sector also circulated the survey.

The survey had a good reach among non-members as well as members – 55% of respondents were not members of Adoption UK.

Survey respondents were mostly white (95%) and adopted as couples (87%), which is in line with what we know of adopters as a group. According to Department for Education (DfE) figures in England, during the year ending 31 March 2019, 88% of children were adopted by couples.

11% of respondents identified themselves as members of the LGBTQ+ community (an increase of 2% from last year). 37% identified as having a religious faith, and 3% identified as having a disability.

For each survey question, the data was recorded UK-wide and filtered for each nation. Where appropriate, data was also filtered using demographic or other indicators (e.g. type of adoption agency) to identify trends and relevant comparisons.

Detailed analysis



DETAILED ANALYSIS

Approvals and matching process

What does 'good' look like?

The approvals and matching process will take place according to nationally-agreed timescales. At every stage, prospective adopters will be given a thorough understanding of the process and the timescales involved. Prospective adopters will find training days informative and useful and will be guided towards additional sources of information and support.

The process will keep to timescales and targets. During the matching process, prospective adopters will be introduced to a range of resources for exploring possible matches and, by the end of the process, they will feel reassured that they know where to go for support after placement.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There are nationally-agreed timescales for each stage of the adoption approvals process	GOOD	POOR	FAIR	GOOD
There are nationally-agreed standards for training and preparation for prospective adopters	FAIR	FAIR	FAIR	GOOD
There is a discrete pathway for early permanence, including early identification of potential adopters and suitable training and follow-up support	FAIR	FAIR	FAIR	FAIR
OVERALL	FAIR	FAIR	FAIR	GOOD

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
The approvals process proceeds without undue delay caused by bureaucratic challenges or staffing or other difficulties within the adoption agency	FAIR	POOR	POOR	FAIR
Adopters find the approvals process positive and consider that it prepares them well for becoming adoptive parents	FAIR	FAIR	FAIR	FAIR
Once approved, adopters are confident that they know where to go for support after placement	FAIR	FAIR	POOR	GOOD
OVERALL	FAIR	FAIR	POOR	FAIR

About prospective adopters

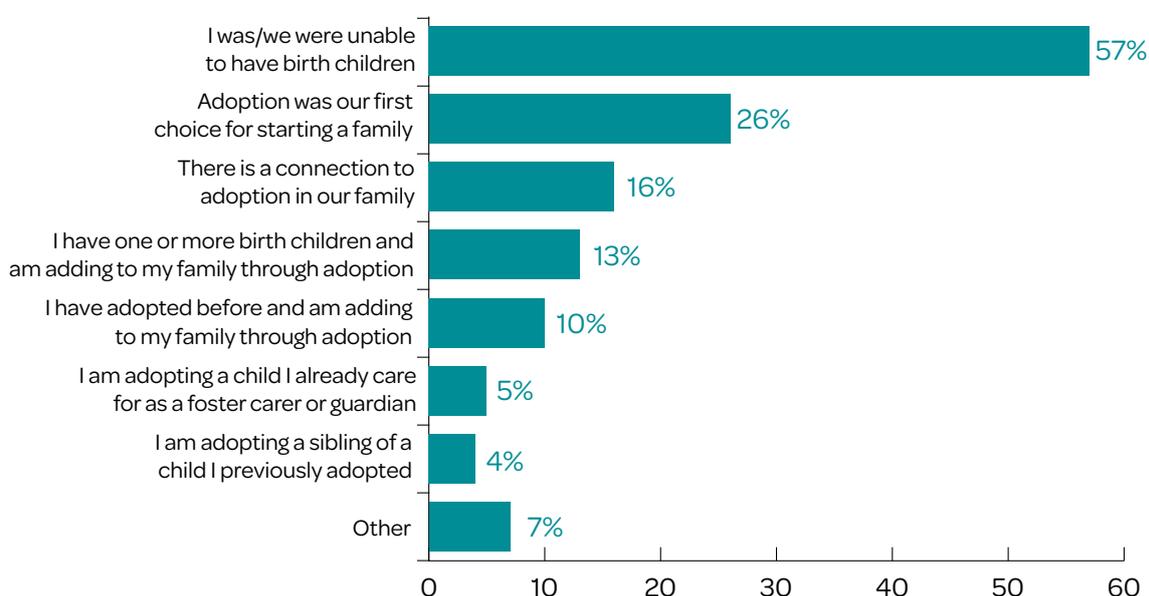
Of the 1,256 prospective adopters who completed the survey, the majority were aged 25-44, white and married. One in five identified as members of the LGBTQ+ community, and 2% identified themselves as a person with a disability.

The majority of prospective adopters were seeking either a single child, or a sibling group of two. Just 2% were considering a sibling group of three or more. Most respondents expressed a preference for younger children, although 33% were considering a child or children aged between four and six, and 12% were considering a child or children aged six or older.

More than **one quarter** of respondents had chosen adoption as their first choice for starting a family

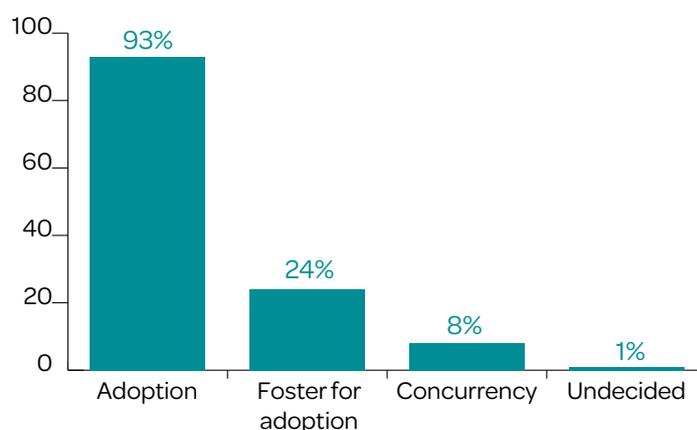


Adoption: motivating factors



Many adopters continue to be dual-approved for both straightforward adoption and an early permanence option (concurrency or foster for adoption). The number on the foster for adoption pathway showed a 2% increase on last year's survey results. Of the 93 respondents approved for concurrency, one third were in Northern Ireland, where early permanence is the preferred option.

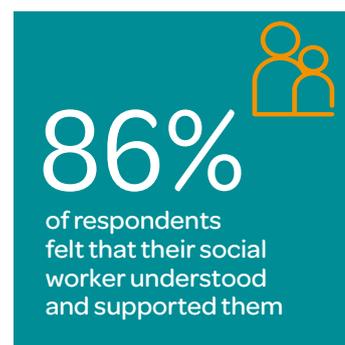
Adoption pathway



Experiences of the approvals process

As was the case in 2018, 74% of prospective adopter respondents were adopting through their local authority (LA) or regional adoption agency (RAA). The rest were using a voluntary adoption agency (VAA). Efficiency and quality of information were key factors in influencing choice of agency, with prospective adopters responding positively to well-run information events, and quick responses to initial inquiries. Only one in five prospective adopters cited reassurances about post-adoption support as a factor in agency choice.

However, respondents' comments reveal that some prospective adopters did not realise that they had a choice of agencies, and chose their local authority as default. Others were influenced by inspection ratings. For a small number of respondents, the agency's approach to their individual circumstances influenced their choice.



“
When I disclosed my disability, they were still welcoming. Two other agencies were not and made me feel unworthy of adopting.
”

Prospective adopter, England

Perceptions of the approvals process were largely positive. Respondents overwhelmingly felt that the information, training and social work support they received prior to having children placed with them was good, and felt reassured about the availability and quality of post-adoption support that would be available to them.

However, 53% still reported that there were times when the process seemed so difficult that they wondered if they would be able to continue, and this figure rose to 78% in Northern Ireland. While prospective adopters in Northern Ireland were more likely to feel reassured about the availability of post-adoption support than last year (60%, compared to 56% in 2018), they were less likely to feel reassured when compared to the UK as a whole (75%). Overall, Scottish respondents were most positive about their experiences of the early part of the approvals process.

Despite the general sense of positivity among prospective adopters, when newly-placed adopters were asked to reflect back on the preparation and training they received, with the experience they now had as a new adoptive parent, several raised issues that only became apparent once they were actually parenting.

“
I would ask that they create a bespoke course for second-time adopters, as we had specific needs and questions that were different to those of first-time adopters.
”

Newly-placed adopter, England

“
The pre-adoptive training did not cover much that would have been useful at this time . . . practicalities such as registering with medical services, transferring health appointments to new locations, claiming funded nursery hours.
”

Newly-placed adopter, England

Others commented on the lack of training or preparation for dealing with violent and aggressive behaviour, about difficulties bonding with children, or about feelings of anxiety and depression. One respondent commented that, “more training or a buddy system with another adopter would have been extremely helpful”.

While prospective adopters seem positive about the preparation they receive, the proof of its efficacy comes once a newly-created adoptive family begins to navigate their lives together. Newly-placed adopters may be better placed to provide agencies with realistic feedback about how well the process has prepared them for the reality of adoptive parenting.

CASE STUDY

My husband has two grown-up children from a previous marriage, and we have three children together. In 2019, we welcomed our adopted daughter into our family.

During the approvals process, social workers interviewed all our children and asked them how they felt they would be able to welcome an adopted brother or sister, exploring their feelings, including whether they thought they might feel jealous.

Before our daughter was placed the foster carer sent videos of her and I shared those with the children. We bought a doll and used it to practise looking after a baby, talking a lot about how we have to be gentle, and bathing and feeding the doll. We went shopping and each child chose an outfit for their new sister.

When our daughter came home, my youngest was both fascinated and uncertain, just as my oldest had been when her brother was born. If I hadn't experienced it before, I would have been more worried, but my youngest grew to love his new sibling, just as my oldest had done.

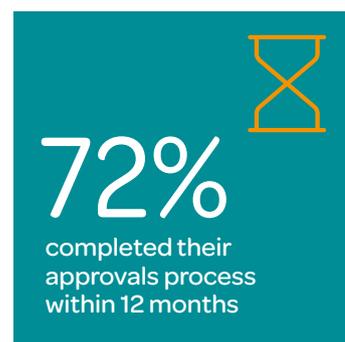
It was noticeable that we were the only ones at our training who already had children. The other attendees were asking us questions during the coffee time about the practical side of looking after young children – sleeping, feeding. The course didn't seem to cover much of that.

After the training, we all swapped details to keep in touch, but as everyone was matched at different times, we weren't all at the same stage. When I had my oldest I found the NCT group really helpful and I think the LA should consider a similar group for new adoptive parents.

Newly-placed adopter, England

Timescales

It is encouraging that waiting times between making the first call to an agency and having an introductory meeting seem to have fallen since last year. 70% had their first meeting within four weeks, compared to 65% in 2018. However, the national minimum standards for adoption in England (Department for Education, 2014) state that responses to initial requests for information should take place within 10 working days. In England, this target was met in only 34% of respondents' cases, with 16% waiting longer than six weeks.



Of those who had completed their approvals process, only 42% reported that it had run smoothly and with no delays. Difficulties were caused equally by delays in completing paperwork, delays caused by social worker absence or turnover of staff, and delays caused by other reasons within the agency.

However, 72% of respondents completed their approvals process within 12 months of beginning the process, 2% more than the previous year.

Matching

The majority of prospective adopters relied on their social workers to bring them profiles of children who may be a potential match, but 42% also reported searching for profiles themselves using online services.

However, most adopters (60%) were eventually matched with children whose profile had been suggested to them by their social worker, with just 18% finalising matches with children whose profile they had seen online. Respondents' comments revealed that several were approached directly by the child or children's social worker, often through LinkMaker.

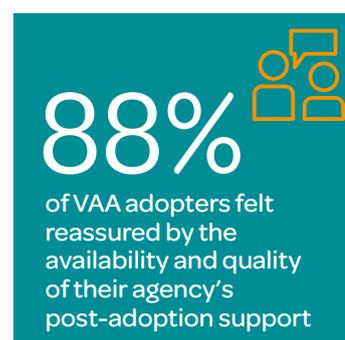


Local authority or voluntary adoption agency?

In some respects, the profile of adopters who chose a VAA during 2019 was similar to that of those who chose an LA or RAA. They were predominantly married and aged 25-44. However, VAA adopters were slightly more likely to identify as LGBTQ+ (21% of VAA adopters compared to 19% of LA or RAA adopters) and twice as likely to be from black, Asian and minority ethnic (BAME) groups. Those pursuing intercountry adoption exclusively used specialist VAAs.

Respondents' comments indicate that VAA adopters were very proactive in researching and selecting their agency, based on a variety of factors. They reported carrying out extensive internet searches, looking at inspection reports, and going to a number of information events. They were much more likely to cite their confidence in the provision of post-adoption support as a factor in choosing their agency (47%) compared to LA or RAA adopters (11%).

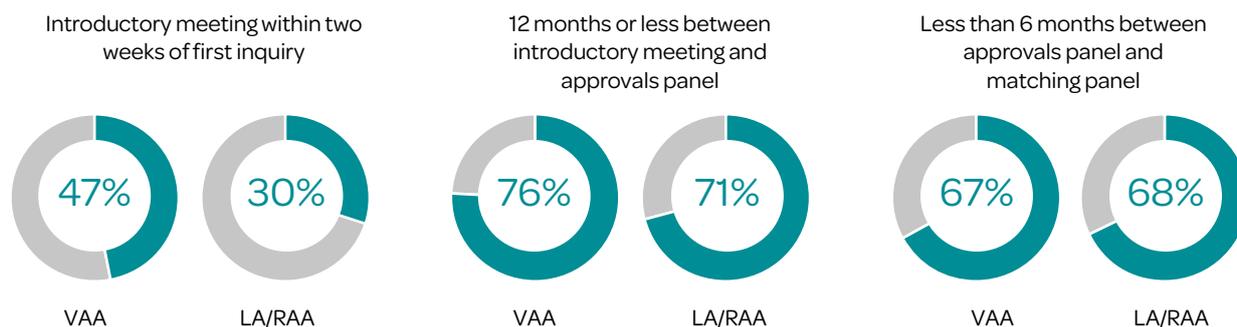
Comments also revealed a perception that a VAA might provide a flexible, speedy and more personalised service, tailored to the particular circumstances of their family situation.



“
I chose my VAA because there was visible inclusivity.”
Prospective adopter, England

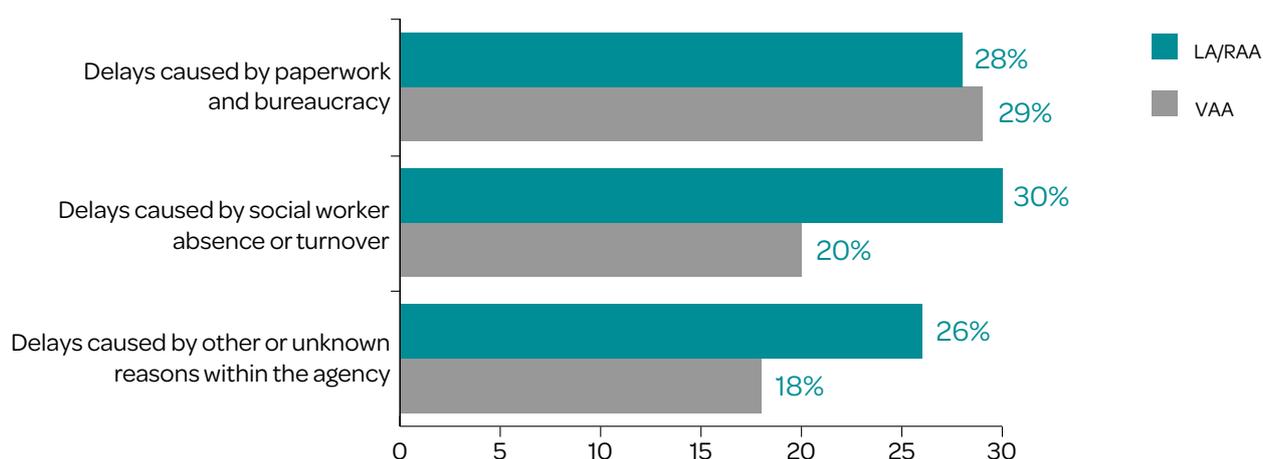
“
They provided training at evenings and weekends meaning no time off work was necessary.”
Prospective adopter, England

Those who suspected that the process might be completed more quickly through a VAA were at least partially correct, according to survey data from those who had completed the process.



Despite this, VAA and LA or RAA prospective adopters had a similar perception of the amount of delay in their process, with 42% and 41% respectively reporting that their process ran smoothly and with no delays. However, where delays occurred, VAA adopters were less likely to cite delays caused by social worker absence and turnover than LA or RAA adopters.

Reasons for delay in the approvals process



Prospective adopters' perceptions of the quality of their approvals process and training were good both for LA or RAA adopters and VAA adopters, with VAA adopters scoring their experiences only slightly higher across the board.

However, when asked about whether they felt reassured about the availability and quality of post-adoption support, 88% of VAA adopters agreed that they did, compared to 70% of LA or RAA adopters.

It is not possible from the data to conclude whether prospective adopters are better served by their LAs and RAAs, or by VAAs. While timescales earlier in the process seemed to be better for VAAs, this advantage tails off further along in the process, and adopters in both groups were broadly the same in their perception of delay.

The majority of prospective adopters across all types of agency had positive perceptions of their process, and comments revealed that it was possible to have an excellent experience in any type of agency. In fact, the main contributory factor to experiencing a positive process for both LA and VAA adopters was the quality of the relationship between the social worker and the prospective adopter.

While prospective adopters can choose their agency, they cannot choose the social worker that is assigned to them, and neither can they mitigate for social worker absences, changes of social worker, or the challenges caused by the size of a social worker's caseload. The power to ensure a smooth and positive approvals process for prospective adopters really does lie in the hands of the agency.

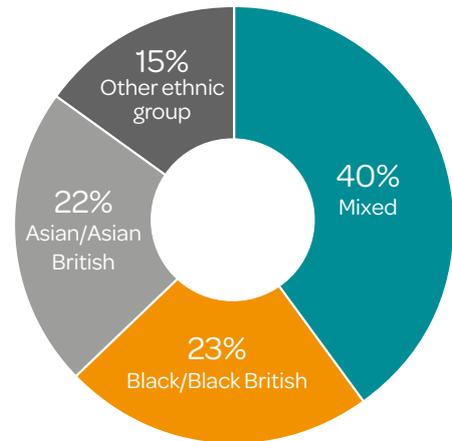
Black, Asian and minority ethnic adopters

Two hundred and seventeen survey respondents identified as black, Asian and minority ethnic (BAME), representing 4.5% of the total respondents. BAME adopters as a whole were more likely to be adopting, or have adopted, as a single person, more likely to have a religious faith, and slightly more likely to identify themselves as having a disability.

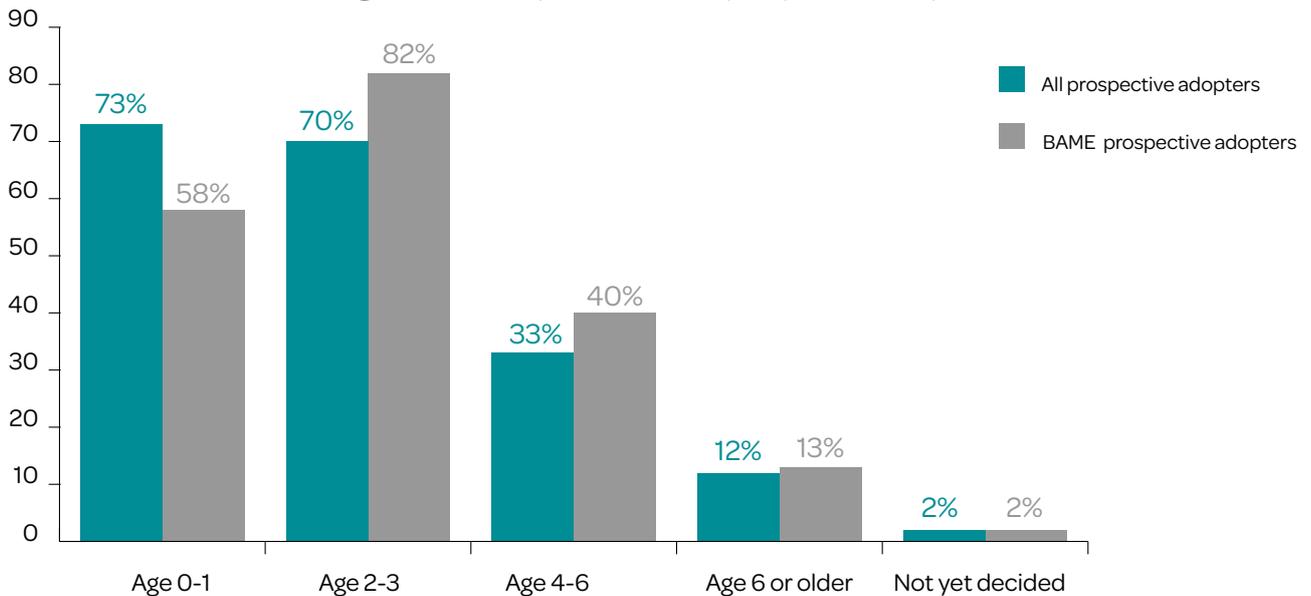
There were 63 BAME respondents undergoing an adoption approval, linking or matching process during 2019. The motivations for BAME respondents to consider adoption were very similar to those of respondents as a whole, but they were considerably more likely to be adopting via a VAA than average (41% of BAME prospective adopters, compared to 24% of all prospective adopters).

80% of BAME respondents were seeking to adopt a single child (compared to 68% of all prospective adopters), and they were more likely to consider older children.

Ethnicity of BAME respondents



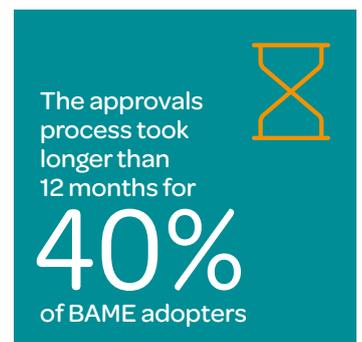
Age of children: preferences of prospective adopters



Although 41% of BAME adopters felt that the adoption process ran smoothly (compared to 43% of all prospective adopters), for 40% it took longer than 12 months, compared to just 28% of all respondents.

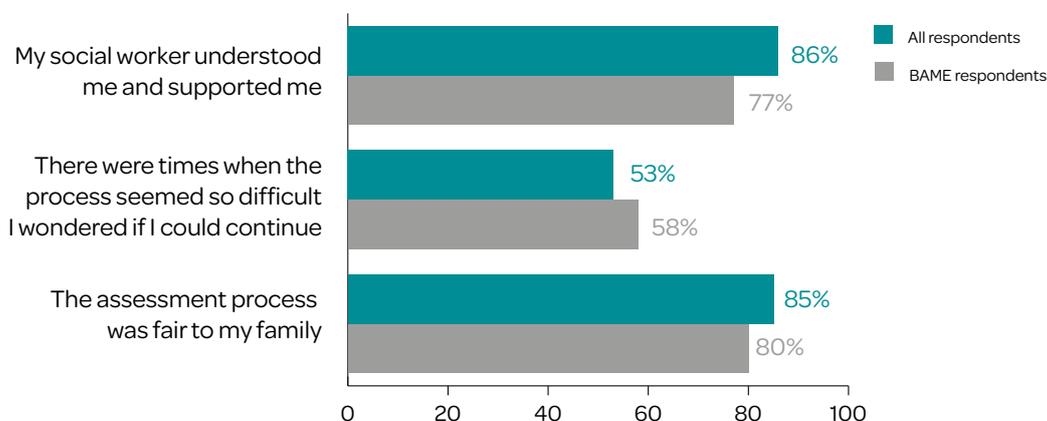
When asked to reflect on the reasons for any delay to the process, BAME respondents were more likely to have paused the process themselves (13% compared to 9% of all respondents) and considerably more likely to cite delays caused by social worker absence or turnover, and delays for other or unknown reasons within the agency.

BAME prospective adopters also waited longer to be matched with a child or children. 44% of BAME adopters waited six months or longer for a match, compared to 32% of all respondents.



The ethnicity of children matched to BAME adopters was nearly twice as likely to not reflect the ethnic background of the adoptive family compared to matches made with all prospective adopters.

There were also differences in the perceptions of the process between BAME prospective adopters and all respondents.



Efforts to encourage members of the BAME community to consider adoption, such as the initiative to work with black churches and mosques in England announced by the DfE in October 2019, will need to take into account the experiences of adopters from this community during the approvals and matching process.

It is unclear from the data why this group faces a longer process, or exactly why their perceptions of the process are less positive than others, and further investigation will be needed to identify the challenges and barriers faced by BAME prospective adopters, if they are to be overcome.

CASE STUDY

I went into the process as a single black woman.

The local authority from which I was hoping to adopt had a large number of children in care. I was told by a social worker they were desperate for black families.

At the end of my stage one interview I met my social worker's manager. She was concerned that I hadn't completely ruled out having birth children, despite this being highly unlikely. Everything I said was met with scepticism and I was not treated with sensitivity or respect.

I was turned down at the end of stage one. But the reasons they cited were false or unsubstantiated. They'd literally made things up about me. I raised this concern with senior management but was fobbed off. They told me their false conclusion would need to be shared with other agencies and then simply shut the door on me.

Having opened up every aspect of my life to them, this was deeply upsetting and felt like a betrayal.

I complained to the local government and social care ombudsman and he found in my favour, concluding that there were numerous major faults in the way I'd been evaluated and that there were no valid grounds for them not to take me to the next stage. He ordered them to remove the inaccuracies on my record, so I could start again somewhere else.

Nearly two years after I began the process, I'm still waiting for an apology from the local authority concerned.

Prospective adopter, England

RECOMMENDATIONS

1. Set time limits for adopter preparation and approval

All UK nations to have nationally-agreed recommended timescales for each stage of the approvals process, from initial contact with the agency up to approvals panel, and timescale targets for agencies. All these timescales to be monitored annually.

2. Help adopters choose the right adoption agency

All prospective adopters to be provided with independent guidance about what to look for and what questions to ask when choosing their adoption agency.

3. Tailor preparation courses to meet adopter circumstances

Training and preparation to take greater account of the differing needs of prospective adopters – including those with a disability, those who already have children, and the range of cultural, religious and ethnic backgrounds – and to include opportunities for all potential adopters to hear from adopted people and experienced adopters.

4. Enhance life story training and support

Life story work training to be built into preparation courses as part of a continuing programme of training and support that is designed to help adoptive families respond to the changing needs of their child or children as they grow.

5. Develop foster for adoption and concurrent care preparation, approval and support routes

The unique nature of early permanence models to be recognised in both the approvals process and the development of improved support for adopters, which provides them with consistent financial and practical help and tailored training.

6. Inform preparation course development with feedback from recent graduates

Agencies to proactively seek feedback from their newly-placed adopters during their early months of placement, to inform improvements in preparation and training.

7. Ensure preparation and approval is geared to meet BAME adopters' needs

Further research should be commissioned in all UK nations to examine the experiences of black, Asian and minority ethnic prospective (BAME) adopters during the approvals and matching processes.



Newly-placed adoptive families

What does 'good' look like?

Newly-placed adopters will receive comprehensive information about their adopted child or children, and have the opportunity to meet foster carers, birth family members, and others who have played a significant role in their child or children's earlier life. Arrangements for continuing contact with birth family members will be formalised, coherent, and flexible to the needs of those involved.

Introductions will run smoothly and be well-handled by professionals. After placement, social worker support will be sensitive to the needs of the whole family, with awareness of the difficulties that may be experienced. The presumption will be that every family needs support, and this support will be available from the first days of placement, and not fall away once the adoption order is granted.

Robust written post-adoption support plans will be in place, with regular reviews built in, and a commitment to fulfil identified support needs. Materials to support the adopted child's understanding of life story (e.g. life story book, later life letter) will be of excellent quality and produced within timescales.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
The quality of life story (life journey) materials and the timescales for their delivery are established by national standards	FAIR	POOR	POOR	GOOD
Every child being placed for adoption receives a multi-disciplinary assessment of support needs prior to placement which is shared with adopters and informs robust written post-adoption support plans	FAIR	POOR	FAIR	FAIR
OVERALL	FAIR	POOR	FAIR	GOOD

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Newly-placed adopters feel confident that both they and their children have been well-prepared for the start of their new family	GOOD	FAIR	FAIR	GOOD
Newly-placed adopters have a written post-adoption support plan and are satisfied with the support they have received from professional services during the early weeks and months of placement	POOR	FAIR	FAIR	FAIR
Life story (life journey) materials are of a high quality and received by, or soon after, the completion of the legal process	FAIR	POOR	FAIR	FAIR
OVERALL	FAIR	FAIR	FAIR	FAIR

About newly-placed adoptive families

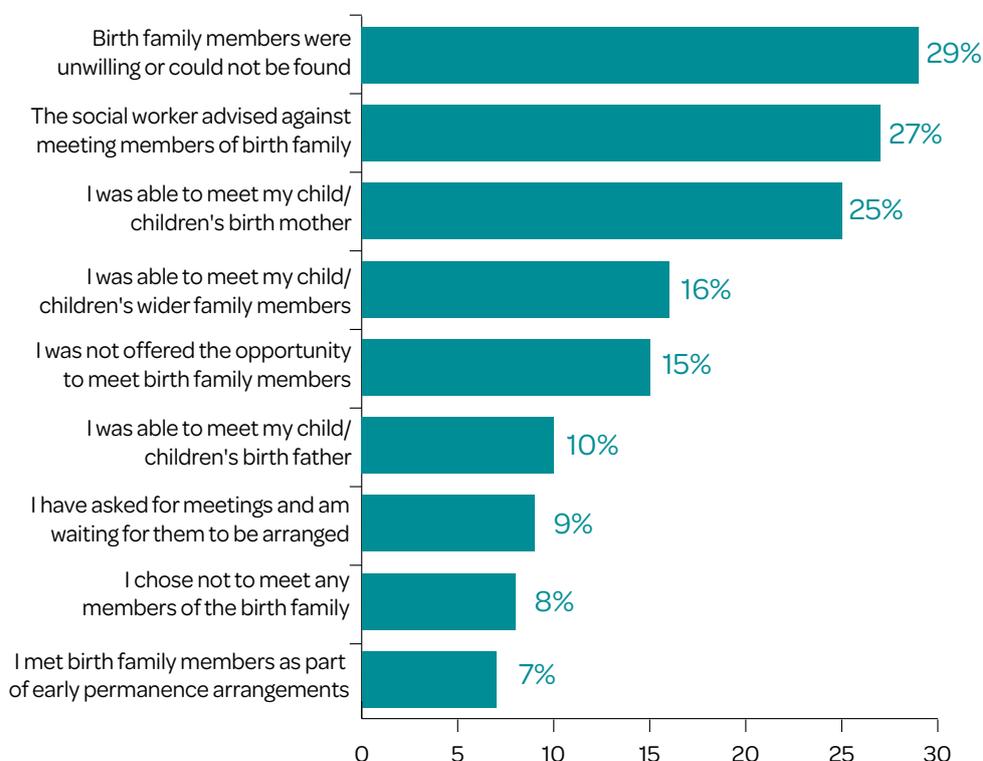
Six hundred and seven survey respondents had a child or children move into their family during 2019. 22% of these were early permanence placements. The majority of families were welcoming a child or children from the UK country where they live, but 6% were adopting from another country in the UK and 1% from a country outside the UK.

Experiences of preparing for placement

Meetings with birth family members, where appropriate and possible, can be a valuable part of the preparation for prospective adopters and establish links between the two families that have the potential to bring lasting benefits for the adopted child or children. However, relatively few prospective adopters were able to meet birth family members.

92% 
of prospective adopters were willing to meet their child or children's birth family before placement

Opportunities to meet birth family members



As was the case during 2018, very few prospective adopters actively chose against meeting birth family members. In most cases, where meetings did not take place, the reasons were outside the respondents' control.

Meetings with birth family members are not always possible and, in some cases, may not be recommended for safeguarding reasons. However, adopters who have been able to have these meetings have commented on how valuable they have found them. It is important that meetings are not restricted unnecessarily if the birth family members and prospective adopters are willing.

“
We had to really push to meet the birth parents and I am glad we did because it was an incredibly powerful and profound experience.
”
Newly-placed adopter, England

Experiences of the early weeks

Once their match was approved, two thirds of respondents began introductions (where applicable) within four weeks. However, some families waited considerably longer. Where a long delay is in the best interests of the child or children this is understandable but, in some cases, this was not the reason.

“
We waited 11 months to meet the children we had been matched with due to delays with social workers missing meetings, not completing the correct paperwork and changes in staff.

Newly-placed adopter, Scotland

”

The majority of introductions lasted up to two weeks, and 81% of respondents agreed that their introductions were handled well and ran smoothly.

Where there were difficulties around introductions, these tended to be centred around challenges managing the expectations and emotions of foster carers, and last-minute changes to plans, or inflexibility around altering agreed plans where foster carers and adoptive parents felt it would be in the child’s best interests.

“
The foster carers were not well-prepared for our child to move on and this made it quite difficult as we were very aware of their struggle.

Newly-placed adopter, Northern Ireland

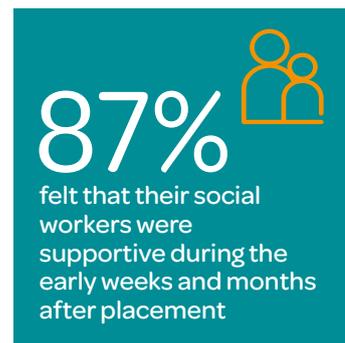
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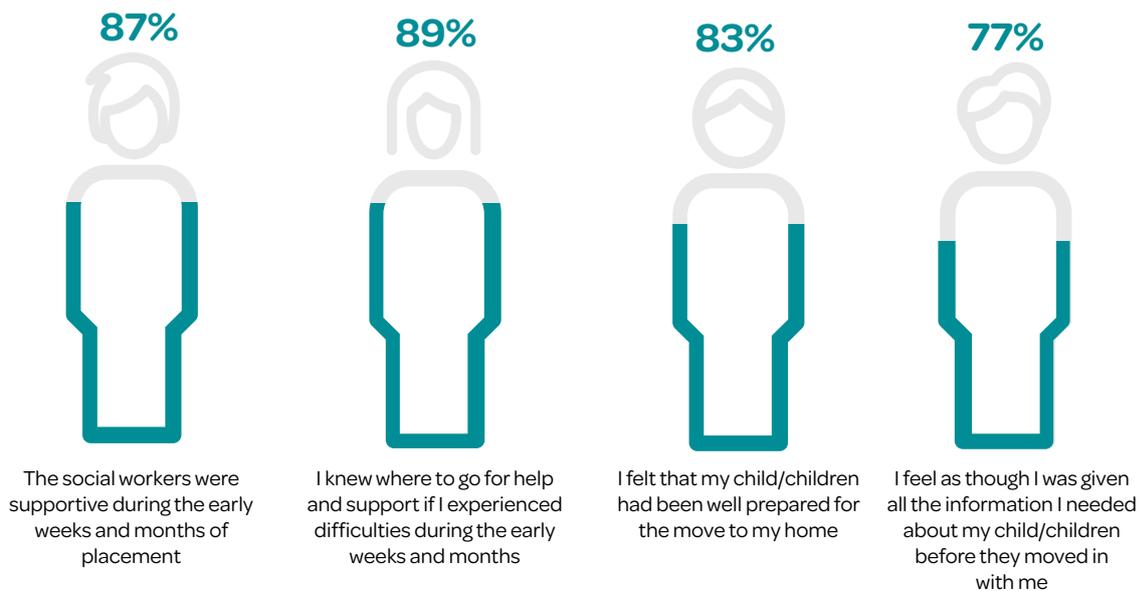
Changes to plans could have impacts on new adoptive families that lasted well beyond the introductions period.

“
We initially thought the children would be placed with us in January, but a last-minute change of plan meant they ended up being placed much earlier in November instead. This meant our early weeks of placement fell over Christmas, which was an incredibly triggering time for the children and also a time when there was less professional support was available.

Newly-placed adopter, England

”





The proportion of newly-placed adopters who felt that they had received all the information they needed about their child or children was higher in 2019 than in 2018, when it was 73%. However, more than one in five still did not feel that they had all the information they needed and in Northern Ireland this figure was higher, at 32%.

“*Children’s services have been very reticent to give us information on why our son was taken into care and the nature of his neglect and abuse, so we have had to piece together the information ourselves.*”

Newly-placed adopter, England

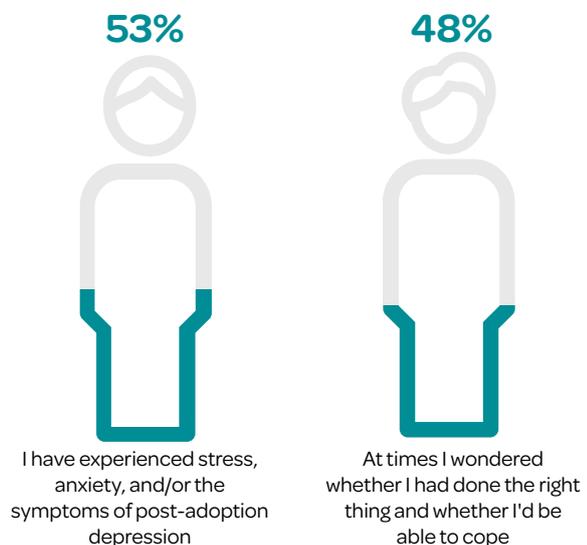
The impact of adoptive parents not receiving full and clear information could be devastating.

“*The placement broke down, not because of our parenting or relationship with the children, but because there were multiple serious issues that were not disclosed.*”

Survey respondent, England

While newly-placed adopters were largely positive about the support they received during the early weeks and months as a family, it is clear that this can be a challenging time for everybody, however much support is available.

Respondents praised supportive social workers as integral to the success of transition and early placement despite challenges.



“

We would not have survived the first eight weeks of placement if it were not for our wonderful social worker, who at one point was phoning twice a day and visiting every other. She was incredible!

”

Newly-placed adopter, Scotland

CASE STUDY

Our social worker was a big part of our lives for two years. We saw her every week for an hour or two – more than we saw our own family and friends. We had a strong relationship with her and became good friends as we were sharing so much about our lives. It always felt like she was fighting for us, but with our son’s best interests at heart.

Before panel, she said: “Just remember, we’re really lucky to have you as potential adopters – you will make great parents”.

I had a wobble at Christmas, before our son was placed with us. I was in tears because everything had got on top of me, but she helped us through it.

Our son had been moved about a lot so there were various photo albums and life story materials, all itemised like a police evidence box. It was clear a lot of care had gone into putting it together.

Our social worker was integral to us coming together as a family, so it felt odd when she was suddenly no longer in our lives.

Post-adoption support has been needed and valuable. I know this varies a lot.

Ultimately, our social workers have done a brilliant job in bringing us all together – our son is pretty incredible and we couldn’t imagine a better match.

Newly-placed adopter, Scotland

However, frustrations at the unavailability of social workers or frequent changes of staff were commonly expressed.

“

Our child went through three social workers after being placed and there was a period of time where no one came to check on them.

”

Newly-placed adopter, Wales

“

The first six visits we had post-placement were made by six different social workers, three of whom we had never met.

”

Newly-placed adopter, England

“

We have been thoroughly supported by our own agency but feel very let down by our son’s as, three months after placement, we are still waiting to find out his social worker’s name.

”

Newly-placed adopter, England

The first few weeks of placement are a particularly sensitive time as adoptive families are asked to restrict contact with wider family members and friends in order to establish the formation of their new family unit and support their child or children to manage this huge transition (sometimes referred to as ‘funnelling’). As newly-placed adopters are unable to call on their support networks during this period, sensitive, timely support from social work professionals is even more vital.

“
Funnelling is very hard... If I was to do it again, I would introduce other family members and social activities a bit sooner because I think it went on too long and we became isolated. I ended up feeling exhausted and low and that actually slowed down the bonding process with my child.
”

Newly-placed adopter, Scotland

For the first time this year, survey respondents were asked whether they had experienced the breakdown of their pre-adoptive placement prior to the adoption order being granted. A total of 13 respondents (out of 589 who answered this question) indicated that this had occurred – a rate of 2.2%. It is likely that this is a conservative figure, as people in this position might be less likely both to see the survey link through their networks and to respond to it considering the sensitivity of the situation.

Where families experienced a breakdown of the placement, or felt at risk of it breaking down, the lack of timely, expert support was a significant factor.

“
[Our child] is displaying a range of extremely worrying and hard-to-manage behaviours including violence and self-harm... We have had next to no support from social workers and fear the placement may break down.
”

Newly-placed adopter, Scotland

“
We had absolutely no support and our family was ripped apart without a second thought. There was no support or help once the placement broke down.
”

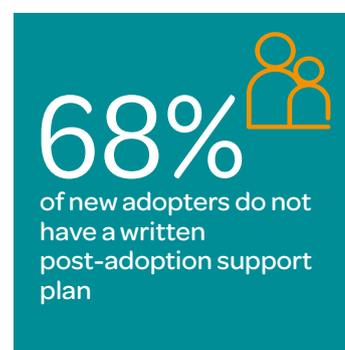
Survey respondent, England

After the adoption order

A total of 567 respondents had completed the process and applied for their child or children’s adoption order during 2019. Just over 60% of these applied for the adoption order within the first six months after their child or children moved in with them, and three quarters indicated that they applied at the earliest opportunity.

6% of respondents indicated that they delayed applying for the adoption order because the early weeks and months were so challenging that they wondered if they would be able to continue. This was twice as many as in last year’s *Adoption Barometer*. A further 9% reported delaying their application until they were confident that post-adoption support was in place.

Following the granting of the adoption order, adoptive parents will normally receive life story materials from their child’s placing local authority. These might take the form of a ‘life story book’ for use while the child

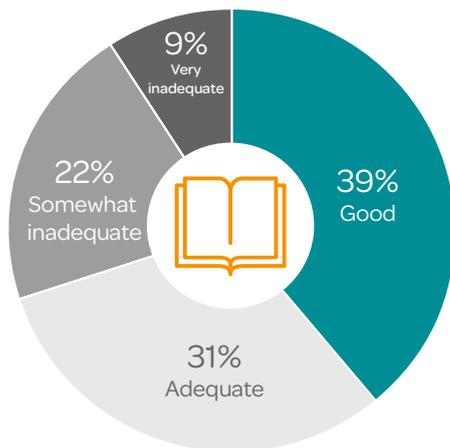


is younger and, in many cases, a 'later life letter' with more specific detail for use when the child is older. In England, *Adoption: national minimum standards* (DfE, 2014) is clear that these materials should be received by adoptive families no later than 10 days after the adoption ceremony.

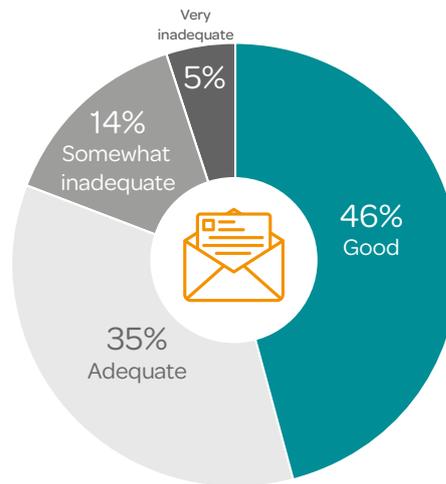
However, only 54% of those who were granted their adoption order in 2019 had received their life story book or equivalent by the end of that year, which is no significant improvement on last year's figure of 52%.

62% of respondents had received their later life letter. This is a huge increase on last year, when only 34% had received their letters. It is unclear why there is such a disparity in these figures.

Quality of the life story book (or equivalent)



Quality of the later life letter (or equivalent)



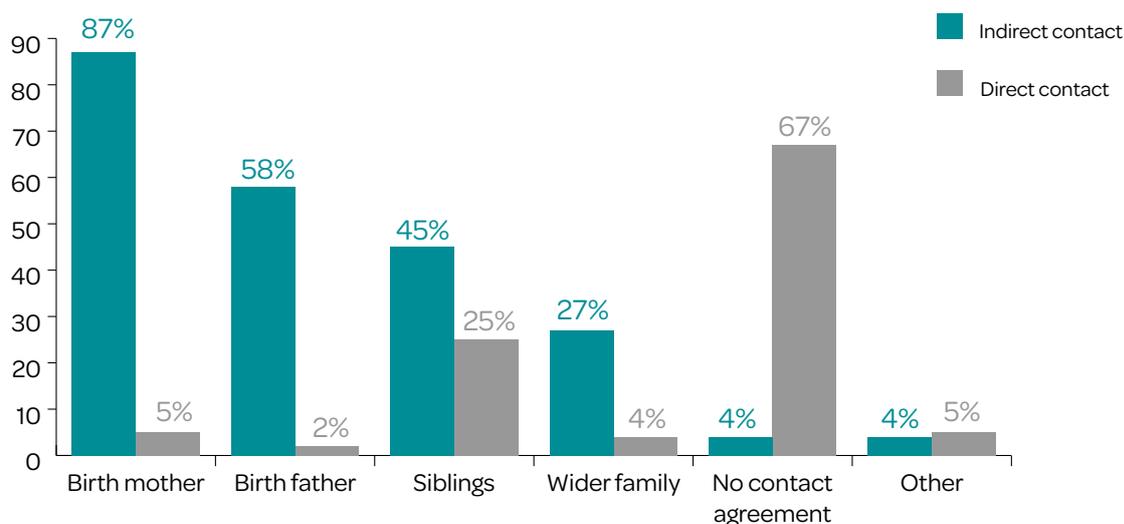
Levels of satisfaction with the quality of life story materials were slightly higher among newly-placed adopters in 2019 than the previous year. However, this must be weighed against the large proportion of adoptive parents who had not received their life story materials in a timely manner after the granting of the adoption order.

The provision and quality of written post-adoption support plans continues to be a cause for concern. In 2018, only just over one third of adopters with an adoption order reported having a written post-adoption support plan, and this figure was slightly lower in 2019, with only 32% of adopters in receipt of a written plan.

While 78% of adopters were confident that they knew where to go for help and support, 58% agreed that they seemed to 'fall off a cliff' in terms of support once the adoption order was granted. The life story materials and the post-adoption support plan are the first rung on the ladder of post-adoption support and reassure families that their agency is there for them should they need support now or in the future. When new families are let down in these early stages, the risk is that they will be less confident about asking for support in the future.

Contact with birth family members

Rates of indirect and direct contact agreements



The majority of newly-placed adoptive families have indirect contact agreements in place with their child or children's birth mothers and fathers. The rate for sibling indirect contact appears lower, but this figure includes all newly-placed adopters, including those whose children may not have siblings elsewhere.

Rates of direct contact are slightly lower than reported in last year's *Adoption Barometer*, with 67% of respondents saying there was no direct contact, compared to 62% in the previous year. Rates are highest in Northern Ireland, where 71% of newly-placed adopters have an agreement for direct contact with the child's birth mother, and 25% with the birth father.

They are lowest in Wales, where no respondents reported direct contact agreements with either birth mother or father, and 89% stated that they had no direct contact agreements in place at all.

However, 65% of respondents are at least willing to consider direct contact in the future. 32% of respondents would consider future direct contact with siblings of their adopted children, and this rises to 52% of respondents in Wales.

Despite responses suggesting that newly-placed adopters are open to more contact than they currently have agreements for, 86% stated that they were happy with the contact arrangements that had been put in place.

The exception to this was in Northern Ireland, where only 59% of respondents were happy. Respondents from Northern Ireland had a very high rate of direct contact agreements (only 12% reported having no direct contact agreement). Yet the level of satisfaction with the arrangements is significantly lower than in other nations, and is much lower than it was the previous year, when 80% of respondents in Northern Ireland said they were happy with their contact arrangements. The figures are based on the responses of 21 newly-placed adopters from Northern Ireland in 2019, and it is obviously important to note the sample size when looking at the results.

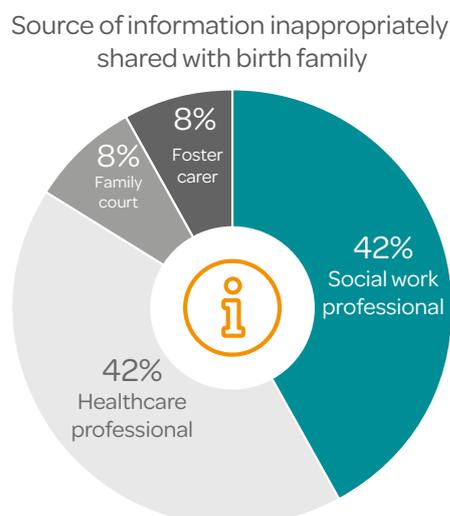
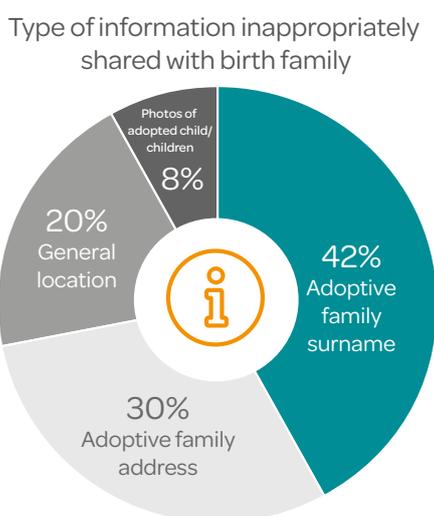


Safeguarding

In last year's survey, respondent comments revealed that some had been subject to data breaches during the matching process or during the early weeks and months of their child or children's placement with them.

For the *Adoption Barometer* this year, we asked a specific question about whether, at any point during the process, confidential information had been inappropriately shared with members of their child or children's birth family. 12% of newly-placed respondents had experienced this.

All 67 respondents provided further information about the potential data breach that had occurred.



While 15 of the respondents' comments revealed that their safeguarding concern was actually a 'near miss' or related to information being shared with someone other than a member of the birth family (e.g. lists of adopters' details being shared with all adopters in the area), many of the others revealed avoidable data breaches.

Common causes of breaches included: information being imperfectly redacted on documents and letters and information being sent to the wrong people, thereby revealing details of schools, nurseries, health appointments and the locations and sometimes names of adoptive families.

Where photos had been shared with birth family members after placement, some adopters reported seeing these photographs on social media. One respondent had seen their details posted on a 'forced adoption' Facebook page.

Many of these breaches were a result of human error, although there were two cases where newly-placed adopters reported being asked for information or photographs without realising that this would be passed on to members of birth family, and three respondents reported that their data had been breached more than once.

Two respondents experienced a data breach as a result of direct contact arrangements involved in early permanence, and one had their information revealed to birth family members during their one-off meeting prior to the child being placed with them.

While it is difficult to completely eradicate all possibilities of human error, it is not unreasonable that newly-placed adopters feel concerned when private information is shared with children's birth family members in the early stages.

Although relationships between birth and adoptive families may change over the years, during these first few weeks and months, newly-placed adopters need the assurance that professionals will support them to maintain appropriate confidentiality. Data breaches could have significant negative impacts on adoptive families, both short and long-term.

“
I have had to change my identity and name by deed poll.”

Newly-placed adopter, England

Where data breaches came from healthcare professionals, too often this was down to a lack of understanding around the status of children on pre-adoptive placement and records not being appropriately updated.

All healthcare services – including primary care, hospitals, etc. – need to have clear protocols for ensuring that the correct procedure is followed. Individuals – including GP receptionists and administrative staff – should receive training in the protocols around working with pre-adoptive and adoptive families. All services must have a zero-tolerance approach to data breaches.

CASE STUDY

We adopted our son in 2019. He was born with a medical condition which requires ongoing treatment. He had his first round of surgery at his home town hospital and was then transferred over to the medical team in our region.

Then our local hospital made a serious error.

When his next appointment was made, they sent all the details to our son's birth mother. The letter set out exactly when and where our son would be on that day. We only found out because his birth mother told her social worker that she couldn't attend the appointment.

In our case, my son's adoption was uncontested by his birth parents so I think it's unlikely the data breach will have serious repercussions. The hospital was deeply apologetic but so far, they've been unable to get to the bottom of what went wrong, and we don't know if they've officially reported it as a data breach.

I know things could have been so much worse. In different circumstances we may have had to move away and change our names.

Adoptive parent, England

RECOMMENDATIONS

1. Provide an assessment of need and a support plan for every child

A full therapeutic assessment for every child with a permanence plan, to be carried out before placement. The assessment should inform a clear written support plan, shared with the adopters on placement, and should be linked to a commitment to provide the support that is needed.

2. Protect adoptive families by eliminating data breaches

All agencies to ensure the anonymity of adoptive families is protected, by reviewing measures to prevent data breaches and providing regular refresher training for all professionals involved.

3. Correct adoption leave inequality

Entitlements to statutory adoption leave and pay for self-employed adopters to be brought into line with maternity entitlements for the self-employed.

4. Enhance life story training and support

Governments to issue refreshed guidance and training about life story work to all agencies, including nationally agreed and monitored timescales for the delivery of life story materials.

5. Ensure new adopters can access peer support

All agencies to improve their guidance for newly-placed adopters to recognise and describe how family networks can support early placement without disrupting attachment and settling in.

6. Support new adopters' access to peer communities

Adoption agencies, local authorities (LAs) and regional adoption agencies (RAAs) to take a more active role in ensuring that newly-placed adopters can meet other local adopters as a universal support measure.



Established adoptive families

What does 'good' look like?

Established adoptive families will be able to access high quality enhanced post-adoption support services, accessible through a defined route, and paid for via a ring-fenced fund. Gatekeepers to this funding will be highly trained, display considerable expertise in the needs of adoptive families, and be able to signpost to relevant health and other statutory services.

Comprehensive universal support is available to all families, including support groups, ongoing training, online support and information, and professional-led support, which is either facilitated, or signposted to, by social care professionals.

Birth family contact will be managed effectively, and families will be supported to manage flexibility in the terms of their original agreements, including introducing direct contact with birth family members if appropriate.

Other professional agencies, including health and education, will have the expertise and funding to provide appropriate support to adopted children and young people.

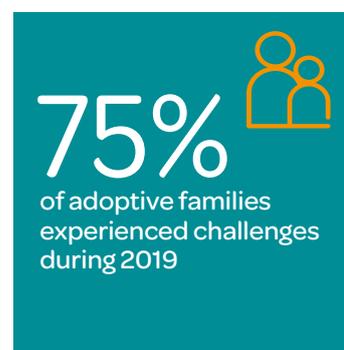
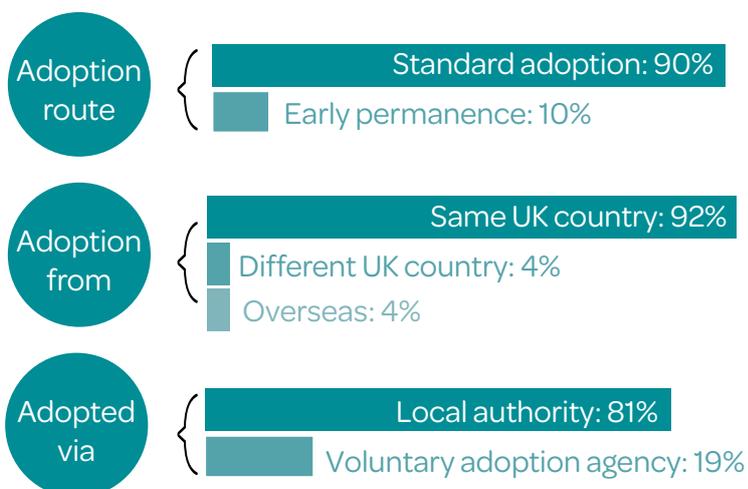
Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
High quality post-adoption therapeutic support services are accessible to all adopters via a defined route and paid for through a nationally-established ring-fenced fund	GOOD	POOR	POOR	GOOD
There are nationally-agreed minimum standards for ongoing universal post-adoption support and training provided by local authorities, RAAs and VAAs	GOOD	POOR	POOR	GOOD
There are national standards defining the support to be offered around continuing contact with birth families, which includes regular reviews of contact arrangements	FAIR	POOR	POOR	FAIR
Training on the needs of care-experienced and adopted children is included as part of initial teacher education, and schools are resourced to support the needs of adopted children through a dedicated funding stream	FAIR	POOR	FAIR	FAIR
OVERALL	GOOD	POOR	POOR	GOOD

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Adopters are able to access a range of universal local adoption support services from their agency, including support groups and training, and are satisfied with the quality of the service	POOR	FAIR	POOR	FAIR
Adopters can access enhanced post-adoption support services, including therapeutic support from external organisations, and are satisfied with the quality of service	FAIR	FAIR	POOR	FAIR
Adoptive families feel that arrangements for managing continuing contact are working well for them and their children	POOR	POOR	POOR	POOR
Adoptive parents find that education professionals are informed about the support needs of adopted children and funding to support these needs is effectively used	POOR	POOR	POOR	POOR
OVERALL	POOR	FAIR	POOR	FAIR

About established adoptive families

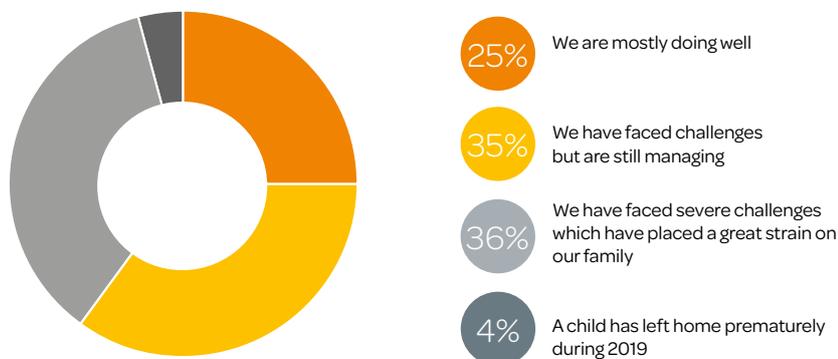
There were 3,378 respondents who had a child or children whose adoption was finalised before 2019, representing 5,282 adopted children and young people. This is the 'established adoptive families' group.

84% of adopted children represented by respondents were aged four or younger at the time of placement with the family. At the time of completing the survey, 56% of the children were aged 10 or younger.



We asked all respondents to assess their family's current situation according to one of four descriptions. Respondents in Northern Ireland were the most positive about their family's current status, with 40% of families categorising themselves as 'mostly doing well'. Respondents from England and Wales were most likely to select 'we have faced severe challenges which have placed a great strain on our family'.

Status of adoptive families



Experiences of adoptive family life

Nearly three quarters of respondents would encourage others to consider adoption, and 76% feel optimistic about their family's future. Hundreds of respondents commented on the joys and positive moments of parenting their children.

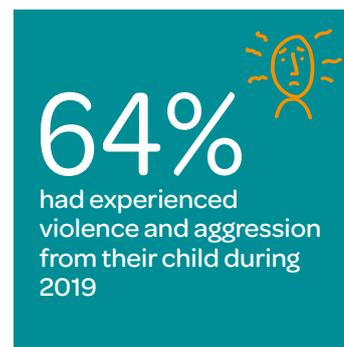
“
*It is a true blessing to have our son in our life.
 He brings joy to everyone he meets.*”

Adoptive parent, Northern Ireland

“
We all love [our daughter] dearly and are enjoying seeing her grow into a wonderful young woman.”

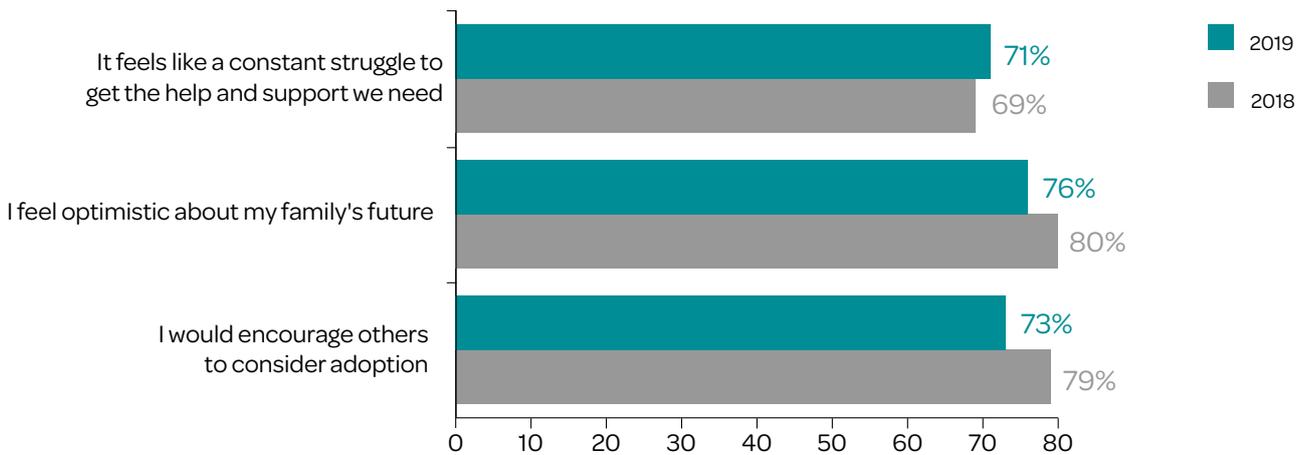
Adoptive parent, Wales

However, 72% agreed that the difficulties their child had experienced had placed a strain on their family and wider relationships, and 71% felt that they faced a continual struggle to get the help and support they needed.



On the whole, respondents to this year's survey were slightly less positive than last year.

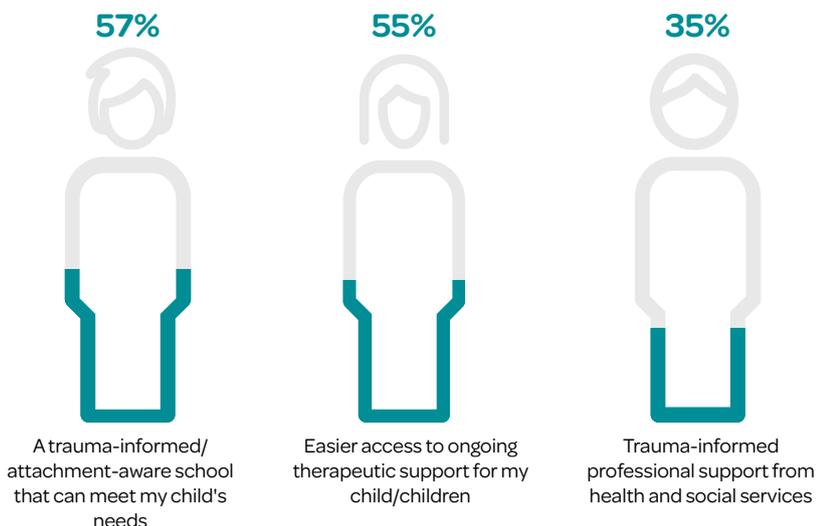
Experiences of adoptive family life



64% of respondents stated that they had experienced violent or aggressive behaviour from their child during 2019 – 3% more than the previous year. When we asked respondents what their greatest challenges were, education, accessing support and dealing with violence and aggression were top of the list.



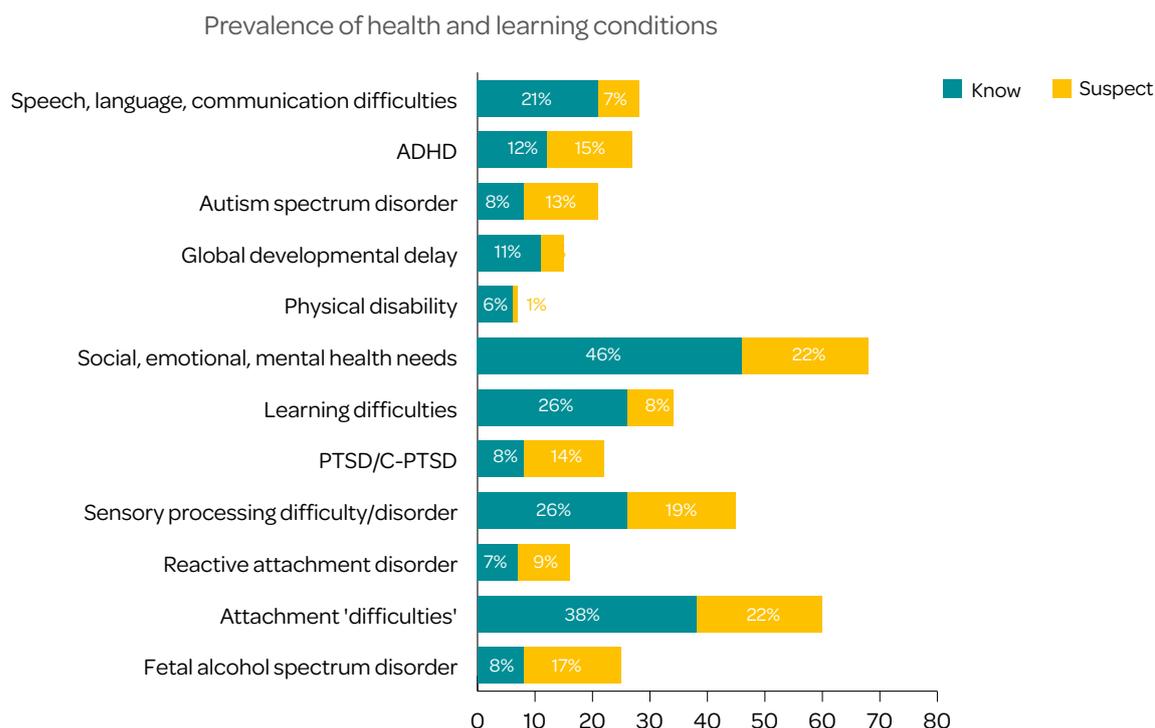
The types of support that adoptive parents felt would make the biggest positive difference to their family were clearly linked with the challenges they had identified.



Respondents were asked to indicate whether they suspected or knew (by diagnosis or assessment) that their child had any of the health and developmental conditions that are common to care-experienced children. The prevalence of known social, emotional and mental health needs was high, at 46%, as was the prevalence of known attachment difficulties and disorders (including reactive attachment disorder) at 45% in total.

A quarter of children have diagnosed learning difficulties, while sensory problems and speech, language and communication problems affect more than one in five.

According to the National Autistic Society (2019), the UK prevalence of autism spectrum disorder (ASD) is thought to be 1.1%. Among children of survey respondents, the diagnosed prevalence was 8%. Diagnoses of attention deficit hyperactivity disorder (ADHD) were also considerably higher than the general population.



It is clear from the rate of responses to this question that a considerable proportion of children have diagnoses of more than one condition. Many of the hundreds of respondents who shared their positive experiences of parenting their children bracketed their comments with caveats about the difficulties they faced accessing support, and the very real impacts of their child's early experiences and diagnosed difficulties.

“
We have watched them develop and thrive in spite of their adverse childhood experiences. One has even managed to hold down a job... which would have been unthinkable eight years ago (although this was not without considerable setbacks and heartache).”

Adoptive parent, Scotland

“
We have no regrets and would adopt time and time again, but the challenges have been tough... As a society we need to learn to support parents better.”

Adoptive parent, England

Accessing support

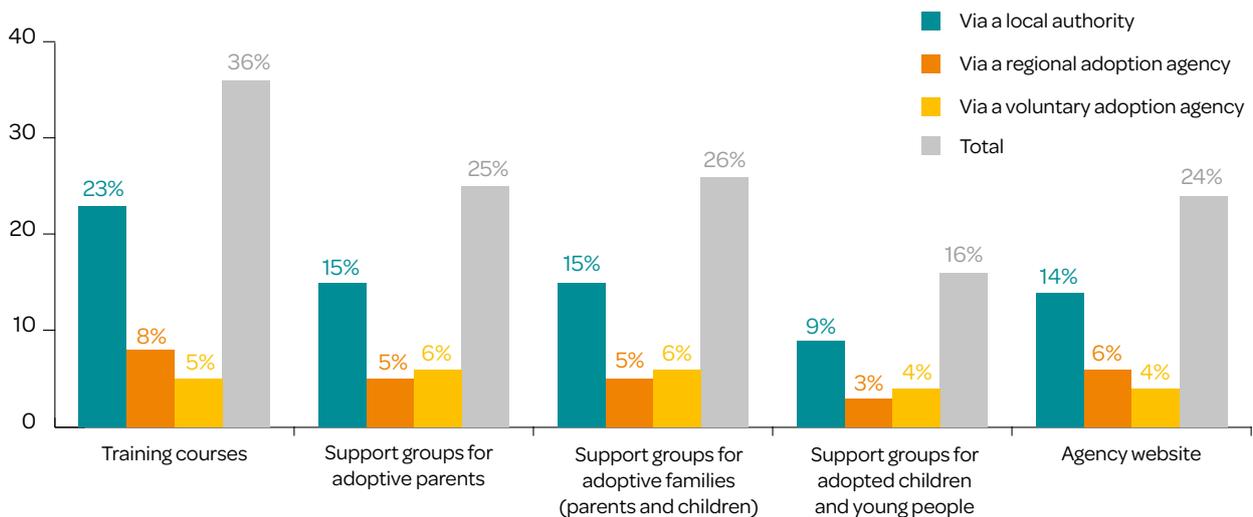
The post-adoption support that is offered to adoptive families by LAs, RAAs and VAAs falls largely into two categories: universal support that should be available to any adoptive family at any stage – including general training, advice (including online) and support groups – and enhanced support offered to families with particular needs, which might include therapeutic input for the family or child, training for parents in specialist areas (e.g. non-violent resistance), short breaks and financial support.

Our survey questioned respondents about accessing both universal and enhanced support from LAs, RAAs and VAAs during 2019 in order to assess the quality and variety of support being offered to families by their agencies.



Universal support

Respondents who accessed universal support in 2019



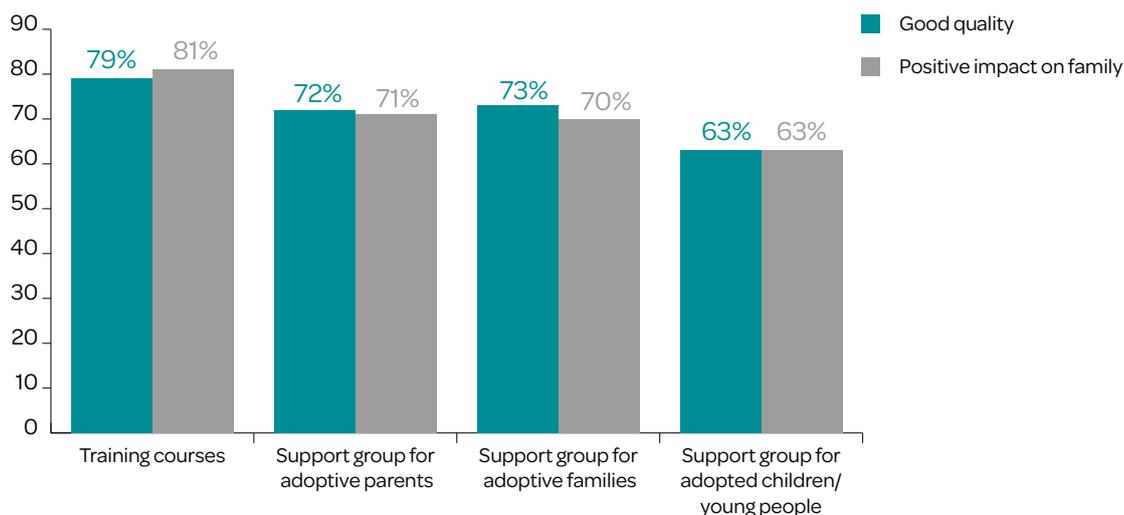
Training courses were the most commonly accessed universal support during 2019, with 36% of respondents attending them. Respondents were least likely to access support groups for adopted children and young people.

Of those who did not access support groups organised by their agencies during 2019, the most common reason given was that the respondent was not aware that it was available. This could mean that no such group exists, or that parents are not aware of the existence of the groups. This was particularly true of groups for adopted children and young people, where 40% of those who did not attend such groups were not aware of their existence.

For those who were aware of the existence of support groups for adoptive parents but did not attend, one third stated that the timing or location of the group made it impossible. Awareness of training sessions among adopters who did not attend was generally higher, but of those who were aware but did not attend, one quarter cited difficulties with location or timing.

Those who did attend training or support groups provided by their agencies generally had a good opinion of both the quality of the service and the positive impact it had on their family.

Respondents' opinions of universal services



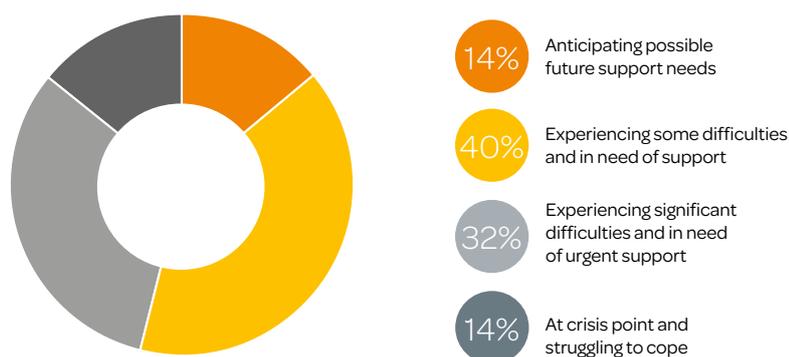
Respondents were less impressed by the ease of use and the quality of their agencies' websites. Of those who sought information using an agency website during 2019 (not including looking up contact details), only 54% agreed that they found the information they were looking for, and just 48% felt that the information was easy to find.

Agency websites are often the first port of call for adoptive parents seeking quick answers to straightforward questions. Clear and easily accessible information on websites can prevent adoptive parents needing to contact busy post-adoption teams by telephone or email.

Enhanced support

During 2019, two thirds of adoptive families contacted their agency seeking post-adoption support.

Status of adoptive families seeking post-adoption support



At the point of contacting their agency for post-adoption support, 86% of respondents were experiencing difficulties, and just under half of respondents were experiencing significant difficulties, or at crisis point.

Of the families who reported they were 'experiencing significant difficulties' or at 'crisis point', 36% said that they had only been offered universal support services, a general parenting course or signposted to statutory services (e.g. child and adolescent mental health services). They were not offered any enhanced post-adoption support, such as specific assessments or therapeutic interventions. This proportion is similar across all UK nations, except for Scotland, where 62% of families in these categories were offered no enhanced post-adoption support.

For families in the higher needs categories who were offered enhanced support, the most likely outcomes were an assessment of adoption support needs either by the agency or a multi-disciplinary team (43%) and therapeutic support services either offered by the agency or an external provider (42%).

Smaller numbers of respondents were offered specialist training (9%), short breaks (6%) and financial support (5%). Respondents in Scotland were less likely to be offered either an assessment (9%) or therapeutic interventions (20%).

When considering respondents in all categories who contacted their agencies for support, evaluations of the quality, range and impact of the support they were offered were mixed.



Respondents in Wales were most likely to be satisfied with the range of support that was offered, and most likely to assess the request for post-adoption support as having a positive impact on the family.

Although respondents in Scotland were most likely to consider their social worker to be knowledgeable and understanding they were least likely to be satisfied with the range of support services on offer, perhaps reflecting the comparatively low proportion who were able to access enhanced support services.

In England, support services funded by the Adoption Support Fund (ASF) continued to be largely positively received by adoptive families, and 57% of those who accessed support felt that it had helped to avoid a situation where a child or children may have had to leave the home prematurely.

In comments, respondents frequently reported experiencing delays in initial responses, changes of social worker, inaccuracies in paperwork, difficulties accessing therapeutic service providers and delays in promised support being realised. There were challenges for some in accessing post-adoption support from their child’s placing authority during the first three years, especially when there were large distances involved.

Where several services were involved, respondents frequently reported being sent from one agency to another, as each service indicated that someone else ought to be providing the help. This was a particular problem between post-adoption support teams and Child and Adolescent Mental Health Services (CAMHS).

“
I asked for help in May 2019. The assessment of need came up with an agency that was three hours away and therefore not useful for ongoing therapy.
 ”
Adoptive parent, England

“
While we were approved for one night’s respite every six weeks in January 2019, this has yet to be put in place.”

Adoptive parent, England

“
We used to receive support, but the person we were working with left and now we’ve been without for several months.”

Adoptive parent, Scotland

Some respondents were also concerned that the support they were offered was more about what was available in their area, rather than the actual needs of their child and family.

“
My child is not engaging with ‘talking therapy’. It feels like we’re stuck in a rut and having to make do with what’s available locally.”

Adoptive parent, Northern Ireland

Where adoption support was delayed or not forthcoming, the results could be devastating for adoptive families.

“
Support came too little too late for my child to be able to stay in our home. If the post-adoption support team had acted in a timely manner, I am confident my child would still be living with us.”

Adoptive parent, Wales

However, some respondents did report positive experiences with post-adoption support teams. There were examples where agencies reacted quickly, had a range of services already in place and post-adoption support workers were understanding and knowledgeable.

“
We are fortunate that our LA has links with a team of psychologists and, because to that, we have been receiving monthly support for five years.”

Adoptive parent, Wales

“
The help we have had from our VAA has been second to none. We call and they respond within 24 hours.”

Adoptive parent, England

“
Our allocated post-adoption support social worker is amazing, knowledgeable and supportive. However, she, like many others, faces workload constraints which mean she isn’t always available when needed.”

Adoptive parent, Northern Ireland

CASE STUDY

My son initially seemed to settle in his new home really well.

But when he was between two and three years of age his behaviour became increasingly aggressive and controlling. Visiting family became more and more difficult because they found it hard to understand his behaviour.

Once the adoption was finalised, I found there was little support from the adoption agency. I felt very isolated as a single adopter. Knowing what his behaviour was like, I was reluctant to leave him with other people.

That changed after I was referred to Adoption UK's Therapeutic Education and Support Services in Adoption (TESSA) programme. The support from the psychologist, my parent partner and the group has been invaluable.*

Although things are still challenging, it's reassuring to know I can talk things through with my parent partner. They've been there themselves, so they understand the challenges and difficulties adoptive families face.

Adoptive parent, Wales

*TESSA is an early intervention therapeutic parenting programme for adoptive families at risk of the effects of early childhood trauma.

Of those who did not contact their agency for post-adoption support during 2019, 60% said they had no need of support or were already receiving support. However, 20% did not ask for post-adoption support because they did not believe that their agency could offer what they needed.

This rose to 25% in Scotland and 26% in Wales. Respondents from Northern Ireland were twice as likely as those in other nations to be put off asking for post-adoption support due to a belief that there would not be any funding.

Families in crisis

Children leaving the family home prematurely

As nationwide statistics on children leaving the family home prematurely are not collected by any UK government, it is very difficult to understand the extent of this. There are concerns around the terminology used, with many affected families feeling that 'break down' or 'disruption' are not accurate terms to describe what has happened to them.

For this survey we asked families to describe their current status under four categories. The fourth was: "The challenges we have faced this year have exceeded the limits of the support available to us, resulting in a child leaving the family home prematurely during 2019".

3.78% of respondents selected this category – a total of 126 respondents. From respondent comments, it is apparent that a small number were taking the opportunity to share experiences that had occurred before 2019. A total of six respondents fell into this category.

3.8%

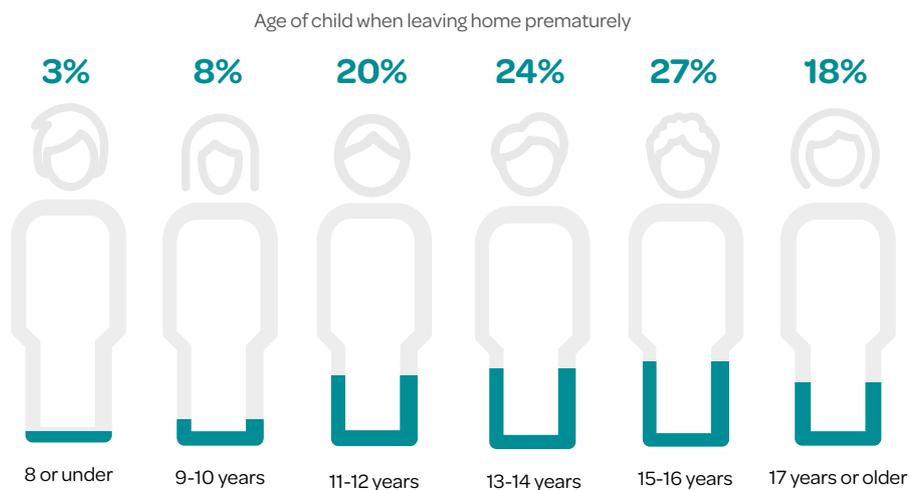


of adoptive families experienced a child leaving home prematurely during 2019

Although the percentage figure may appear relatively small, if this figure was extrapolated across the whole population of adoptive families in the UK (a conservative estimate of 55,000) it would indicate that somewhere in the region of 2,000 adoptive families are potentially experiencing a child leaving home prematurely in each calendar year

A considerable proportion of children and young people who left their adoptive family home prematurely did not re-enter care, but moved to independent or semi-independent living at a young age and/or earlier than planned, or left the home for temporary periods, or went to semi-residential or residential schooling.

42% of respondents indicated that their child was living elsewhere under a court order. This included several respondents who selected 'other' and stated in comments that a court order was involved. In the majority of cases where respondents selected 'other', the child or young person was either living in a residential home setting or a secure psychiatric unit.



Rates of very young children leaving home prematurely were very low. There was a big jump between the ages of 11 and 12 (from 5 to 15% of children), perhaps suggesting a link between an increase in family challenges and the onset of puberty. Rates for each age bracket were similar throughout the teenage years.

Comments revealed the distress of families struggling with difficulties arising from their child's early trauma and additional needs building up over time, culminating in a crisis point during the teenage years. Many reported trying to access post-adoption support for many years before hand, but not receiving the help they needed.

“
We have been struggling for at least the past three years to get help for our daughter, who has complex attachment needs. It took her making a serious attempt on her life before she was finally admitted to a safe place.
 ”

Adoptive parent, England

Parents spoke of feeling blamed, of their children's complex histories not being taken into account, and of encountering social work professionals who did not grasp the severity and the impact of ongoing aggression from a child towards their parents and their siblings. This became a particular problem once the family became involved with social workers in child protection and safeguarding, rather than post-adoption support.

“
The children's social worker has very limited experience of the early years trauma they have experienced.
 ”

Adoptive parent, Wales

“
The police have been a fantastic support throughout and seem to understand the impact of violence in the home better than anyone else. All other agencies seem to minimise it, don't like to write it down, and use euphemisms and politically correct terms in their reports. So, it gets lost, as if it never happened.”

Adoptive parent, England

Once families moved into legal proceedings, they found themselves embroiled in a system which they perceived was inclined to view parents as risky and children as needing protection. There seemed to be little understanding of the dynamics of a family where a child is placing their parents and/or siblings at risk due to trauma-fuelled behaviour, and where support is urgently needed.

Where adoptive parents and their children were able to continue their relationship 'at a distance', they were sometimes hampered by the timescales around voluntary accommodation. For some parents – despite being fully involved in the care, therapeutic support and decision-making around their child – there was no option but for a care order to be issued, further weakening their parental role. This is deeply unfortunate as some parents did report managing to maintain relationships with their children despite the circumstances.

“
I still see him very regularly and have a good relationship with his foster carer. Contact is now very positive for both of us.”

Adoptive parent, England

It was heart-breaking for parents to see – after years of asking for support and struggling to help their child – that, in so many cases, the alternative care provided was not sufficient to meet their child's needs, or even to keep them safe. Parents commonly reported that children living away from home had moved between several placements in a short time, had become involved in abusive relationships, had become pregnant, had escalated drug and alcohol problems or had become involved in criminal activity.

“
[My] child was moved five times in one year as foster carers, residential homes and now 1-2-1 care have not been able to cope.”

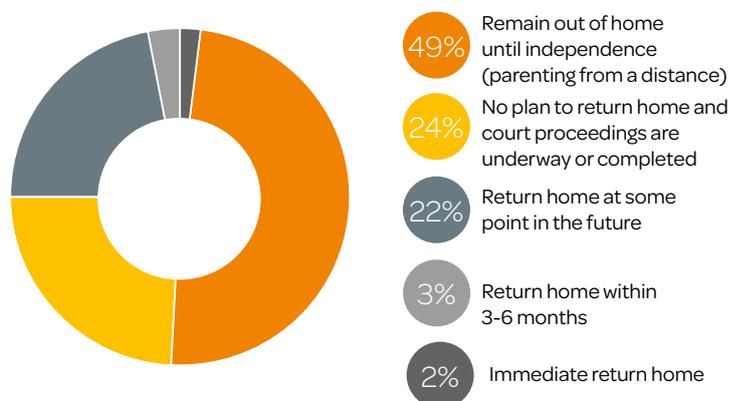
Adoptive parent, England

“
[She] is now under LA care, without adequate support, but is putting herself at great risk, no longer accessing education and has become physically compromised in her health.”

Adoptive parent, England

Most of the children and young people are unlikely to return to live with their adoptive families, although the majority are not undergoing care proceedings. In 49% of cases, the plan is for the child to remain out of the family home until independence, with adoptive parents 'parenting from a distance' where possible.

Future plans for children living away from home



There is a clear sense among respondents that the crisis could have been avoided if earlier requests for help and support had been met. With 64% of established adoptive families reporting violent and aggressive behaviour from their children, this is an issue that must be more effectively addressed. Prospective adopters need to be made aware of this possibility and supported to develop skills to manage it throughout their training, and support for adoptive families must be in place from the beginning of placement, rather than waiting until the situation escalates.

Once crisis point was reached, families found that the situation was made more difficult by involvement with professionals who did not have expertise in the particular issues affecting adopted young people and their families. They also reported that the procedures designed to protect children who are at risk from their parents were not well suited to situations where parents or siblings are the ones at risk from the children.

Professionals need appropriate training to support them to understand the particular dynamics within families affected by child on parent violence and aggression. This is relevant not only for social work professionals, but those in mental health services, the criminal justice system, and others who may support families in crisis.

In social work, there is a need for multi-disciplinary working, allowing social work teams with expertise in adoption to remain involved in supporting families and adopted children and young people – even when other social work teams become involved.

The breakdown of an adoptive family is a double blow for the children involved, who have already lost so much. It is both morally and economically imperative that adoptive families are given unstinting support to help them to care for and nurture children and young people living with the legacy of childhood trauma. The cost to the child, the wider family and society when a family falls apart, is incalculable.

CASE STUDY

Our twin girls, Sally and Jane, were aged four and a half when we adopted them in 2009.

Jane pushed against us from early on but when she turned 12 things really deteriorated.

Her school struggled to manage her, and we were having a horrendous time at home. I cried down the phone to our local authority, pleading with them to help us but they just told me “you’re doing all the right things”.

Jane began to run away at night and got involved in sex and drugs.

I left home for one night and went to a friend’s as it was unbearable for me and my other daughter. On that night Jane went to a friend’s house as we were concerned about her making up allegations against my husband.

I tried again to get help from the local authority but got nowhere.

In the end, we felt we had no option but to return Jane to care, which was heart-breaking for all of us.

It is devastating that the twins have had to be split up.

Jane is now on her third foster placement. We’re still in contact and we still support her but it’s a different relationship.

I have the symptoms of post-traumatic stress disorder (PTSD) and I’m having counselling. But the guilt and the worry does not go away.

Adoptive parent, England

Safeguarding investigations

Reflecting on 2019, 8% of respondents told us that they had been subject to safeguarding investigations by their local authority. Of the 241 respondents who had experienced this, 181 gave further details in comments.

The majority of the comments are too personal to quote in this report and doing so may risk compromising the anonymity of the respondents. However, there appear to be two main categories within which parents have experienced safeguarding referrals. The first and smaller category is where children have made disclosures or allegations to teachers, mental health professionals or others, resulting in investigations by the police or multi-agency safeguarding teams.

While most respondents reported that, following initial investigations, no further actions were taken, the impacts of the allegations on the family were devastating. In some cases, it caused irrevocable breakdowns in relationships and, for a small but significant number, it resulted in a complete breakdown of the family.

“

It nearly destroyed us as a family. We were left us not knowing who to trust as we had been so badly let down.”

Adoptive parent, England

Many of the allegations or disclosures were made at school, and respondents were, on the whole, understanding that the school had a duty to act on what was being said – although some felt that the situation could have been handled more sensitively.

The second, more common category is where safeguarding and/or the police have become involved as a result of violent and aggressive behaviour from a child towards other members of the household, including siblings. One respondent reported an attack which left them with several broken bones. Threats to kill, use of knives and serious damage to property were also commonly mentioned, as was running away, being drawn into inappropriate relationships and sexualised behaviour.

Many respondents questioned the effectiveness of a system apparently designed to assume that the child is at risk from the parents being applied in situations where the parents and other family members were at risk from a child. They reported difficulties where social work and other professionals were not fully aware of the implications of trauma, severe attachment difficulties and FASD.

“
I am a social worker, so I know that the response of the local authority constituted very poor practice. There was no understanding of the adoption context.”

Adoptive parent, location withheld

“
The investigation was driven by the strong opinions of a professional in CAMHS who did not know us and showed a lack of awareness of the impact of trauma and FASD.”

Adoptive parent, England

Several respondents praised the actions of their local police force, although others commented that there didn't seem to be much that they could do in terms of supporting the child or the family.

CASE STUDY

Our home was searched by counter terror officers after our son framed his younger brother by encouraging him to download illicit information about ISIS, then reported him to police.

He duped his younger brother, who is autistic, into accessing the material from the dark web, in a McDonald's so it would all be caught on CCTV. When the police interviewed him, our youngest didn't hide anything and thankfully he wasn't charged. But it broke his heart.

This was all carefully planned by our eldest son, in retaliation for us having to return him to care after he seriously attacked us. At the time, he falsely accused my husband of assault. The accusation was dismissed by the police but social services still withdrew their support from us.

To this day, I struggle with my mental health. My husband suffered a heart attack after all of this, at the age of 53.

Adoptive parent, England

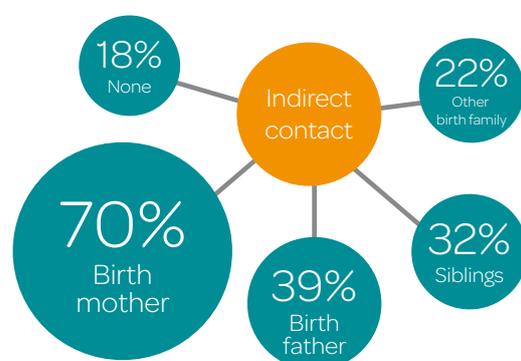
Contact with birth families

Indirect contact

82% of the adopted children represented in the survey had an indirect contact agreement with at least one member of their birth family. Those who do not have indirect contact will include many children adopted internationally (4% of all established family respondents) where contact can be impossible to establish due to lack of information about birth family members, or restrictions on searching in the child's country of origin. Several intercountry adopters commented that they would have liked some form of contact and some had tried unsuccessfully to establish it.

60% 
of children with siblings living elsewhere had an indirect contact agreement in place with their siblings

Proportion of adopted children with indirect contact agreements with birth family members



When figures for sibling contact are adjusted to exclude children who do not have siblings living elsewhere, the rate of formal indirect contact agreements with siblings is much higher, at 60%. This would not necessarily include any informal indirect contact which may be taking place. Where siblings are adopted, adoptive families may be willing to manage informal indirect and direct contact between themselves, without a formal agreement in place.

Rates of indirect contact agreements were highest in Wales (85%) and England (84%). The rate was lower in Northern Ireland (63%) although this may be offset by the comparatively high rates of direct contact agreements in that nation, and in Scotland (66%).

Direct contact

Rates of direct contact were slightly higher during 2019, at 25%, compared to 23% during 2018, with sibling contact the most common. Of all children with siblings living elsewhere, 732 (29%) had direct contact with a member of their birth family during 2019. Of these, 95% had direct contact with one or more siblings, mostly without a formal agreement.

Of all children who had direct contact during 2019, 18% had contact with birth parents, and 15% had contact with wider members of the birth family. Northern Ireland alone presented quite a different picture from the rest of the UK, with 54% of children having some form of direct contact with birth family, and 63% of these having contact with birth parents as part of a formal contact arrangement.

CASE STUDY

We're so pleased our two sons have face-to-face contact with their birth siblings. It feels so right to see the siblings together. It helps our children to have a deeper understanding of who they are.

Our sons, now aged eight and five, are not biologically related. They were both removed at birth and each have two birth siblings, all of whom are adopted.

Our youngest son's birth siblings already had face-to-face contact, so we agreed to meet them. He was seven months old when he met his sister. We met his older brother a year later. A year later a new little birth brother was also adopted, so our extended family grew even bigger.

We then requested face-to-face contact with our eldest son's birth siblings. When I told him, he gave me a huge hug and said, "Thank you so much, Mummy!"

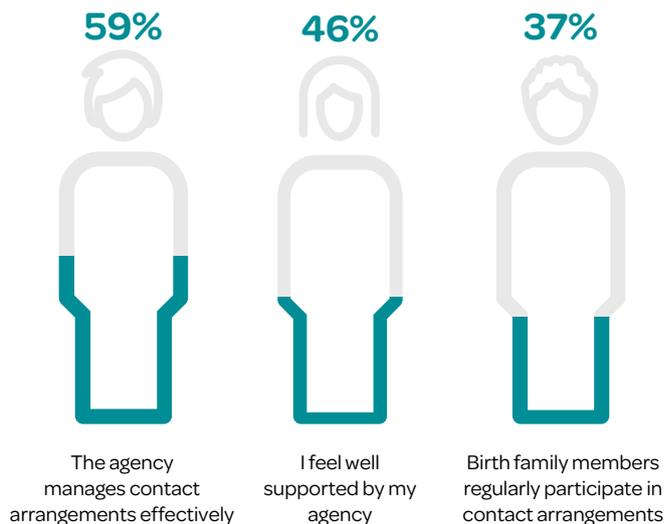
We're all in regular contact and we've even been on holiday together. It's very special because we've created lots of happy memories for our children.

Adoptive parent, Wales

Of those respondents whose children did not have any direct contact with birth family members during 2019, 35% were willing to consider it in the future. Future direct contact with siblings was most likely to be considered.

Experiences of maintaining contact

As was the case last year, adopters' perceptions of the systems for maintaining all types of formally-agreed birth family contact were not very positive.



Respondents in Northern Ireland were more likely to say that their agency managed contact arrangements effectively (67%) and that birth family members regularly participated (53%). UK-wide, only 53% of respondents felt that the existing contact arrangements were meeting their child's needs.

In order to better understand the realities of managing contact from adoptive families' points of view, this year we offered an opportunity for respondents to include open comments about their experiences. More than 1,300 respondents contributed their thoughts.

Sixty of these comments focused on how well the arrangements for contact were working, and the positive impact it was having on the family. Some of the responses indicated that agreed arrangements for letterbox contact were working well, but many reported successful direct contact.

This included positive examples of informally arranged direct sibling contact, where different adoptive families had arranged meetings and spent time together, as well as adoptive families arranging visits with birth siblings who were living with birth relatives or in foster care.

Other positive arrangements included adoptive parents having direct contact with birth parents and other birth family members, often as a pre-cursor to beginning meetings with the adopted child. Birth grandparents, aunts and uncles and other extended family members were also included in arrangements for some families.

“
We make weekly contact with his birth mother... We have been meeting her every month for three years. It has worked out well and our son has really benefited from knowing her.”

Adoptive parent, Wales

“
We have developed our own contact arrangements with our son's maternal aunt and uncle who were desperate to stay in his life. They have been a wonderful support to our son and to us as adoptive parents.”

Adoptive parent, Scotland

However, the majority of comments focused on challenges and difficulties around maintaining contact with birth family members. More than 300 comments referred to indirect letterbox arrangements which were not reciprocated by birth family members. Many respondents expressed their children's sadness at the lack of response, which seemed to be exacerbated if letters had previously been sent, and then stopped.

Parents reported children worrying about birth family members, wondering why they were not writing and if they were well, and feeling hurt by the lack of response. In some cases, this led to children resisting participating in writing letters and asking their adoptive parents to stop writing.

“
My daughter gets upset as, although we always write the letters, we have only received one letter from the mum and one from the dad.”

Adoptive parent, England

“
My son has refused to be involved in letterbox contact with his birth father as he doesn't reply.”

Adoptive parent, England

Sixty-one commenters indicated that their child or children did not wish to pursue letterbox or direct contact with members of their birth family. In some cases, this was because the child did not want details of their life passed on to birth family members, and others were impacted by memories of living with birth parents and did not want to keep revisiting that relationship.

The responses of adoption agencies to decisions to stop indirect contact were somewhat mixed. While most reported that their agency supported the child's decision, other respondents reported being asked to continue writing generic letters, even if that meant going against the child's direct wishes.

The main concern around the letterbox system seemed to be lack of information. Respondents reported not being given clear instructions as to how to send their letters, and not knowing what had happened to

them once sent. Many did not receive any acknowledgement of receipt of their letters and were never told what happened to them or whether birth parents received them. Some respondents reported finding out after years of writing that birth parents' whereabouts were unknown to the local authority and the letters had not been sent on.

“
The LA never contacted me about the letters. I just kept sending them for five years and hoping the birth mum was reading them. The sixth year, I was late, and the LA phoned to ask where my letter was. It was in this conversation that they happened to mention that the birth mum had never signed the letterbox agreement, so all my letters were just on file.”

Adoptive parent, England

Administrative mistakes have led to letters being misplaced or misdirected. Some reported having to repeatedly ask for arrangements to be put in place, and others were concerned that birth parents who did engage with letterbox were not fully aware of the procedures, and given little guidance and support as to how to write letters that would be helpful for the child.

“
There have been times where letters from the birth parents have gone missing and where our letters have not been sent on to them. The birth parents struggle with writing, so it is really important they know we are responding and that we appreciate the contact.”

Adoptive parent, England

“
I have found out directly from the birth mother that she has not received any items in the last two years. That is four letters and gifts that have never been received! This is disappointing beyond words.”

Adoptive parent, Scotland

In England, where regionalisation has been taking place over recent years, there were concerns about the impact of this on letterbox schemes.

“
Since the changeover to a regional adoption agency, the service has been unable to contact our child's birth family.”

Adoptive parent, England

“
Our agency has recently merged... it's caused huge problems for contact as files have been lost or can't be accessed.”

Adoptive parent, England

More than 100 respondents commented to the effect that they wanted indirect or direct contact arrangements to be put in place, but these had not been set up. This included situations where the adoptive parents of siblings were unwilling to engage, or where direct contact with siblings had been in place but ceased. A considerable proportion of respondents who wanted contact with their children's siblings reported asking repeatedly for this to be established, but to no avail.

“

I requested support to set up indirect contact with my son's siblings through the placing agency. Despite calling and calling and a social worker telling me she'd look into it, after nearly 18 months since I first contacted them, I've heard nothing.”

Adoptive parent, England

A small number of respondents reported asking their agencies about the possibility of direct contact with birth parents and being met with surprise at the request.

There was a strong sense among respondents that arrangements for birth family contact should be more flexible and reviewed periodically. Initial agreements are often signed when an adopted child is very young and as they grow older their needs change, the situation of birth family members can change, and initial arrangements no longer meet everybody's needs. Difficulties were reported in getting up-to-date information about changes in birth families, including the birth of additional siblings and, in some sad cases, the death of birth parents or other birth family members.

As children grow older, arrangements for direct contact can become more complex, and parents commented that they often needed more support, even if contact had previously been managed informally. Where siblings were in local authority or kinship care, professional support offered to them to engage in contact with their younger adopted siblings frequently ceased when they came of age, leaving adoptive parents to manage this for everybody.

In some cases, where large numbers of siblings were living in different parts of the country, under different legal statuses, respondents commented on the practical difficulties and expense of facilitating meetings, especially where older siblings were no longer supported. In cases where one or more siblings stopped participating in formal arrangements, adopters frequently reported that they were given no information as to why this happened, leaving their children confused and distressed.

“

My child always wonders why some of her brothers and sisters don't visit any more and I find it difficult to explain..”

Adoptive parent, Northern Ireland

Some respondents reported that direct contact, while considered desirable, had significant negative impacts on their children in the short term. There was a clear sense that more support for adopted children would be helpful.

“

When we look back on this, we will probably consider that maintaining contact with siblings was important, but right now, it feels damaging, unsettling and confusing for him. We have to do a lot of preparation to make sure he feels safe and knows that he is not moving on.”

Adoptive parent, England

Effectively managed continuing contact, where safe and possible, is extremely important for adopted children and their birth and adoptive families. The sense of frustration and disappointment where this could not be achieved came across strongly from respondents to the survey. The data suggests that adopters are generally open to more contact for their children than they currently have, but are frustrated by bureaucratic difficulties, lack of support for birth family members, lack of support for adopted children and their siblings and practical challenges.

When the state takes the momentous decision to remove a child from their birth family and legally join them to a new family, it is imperative that their responsibilities to that child are maintained throughout their lifespan – including ensuring that resources are available to support everybody involved to maintain an appropriate level of contact where safe and possible.

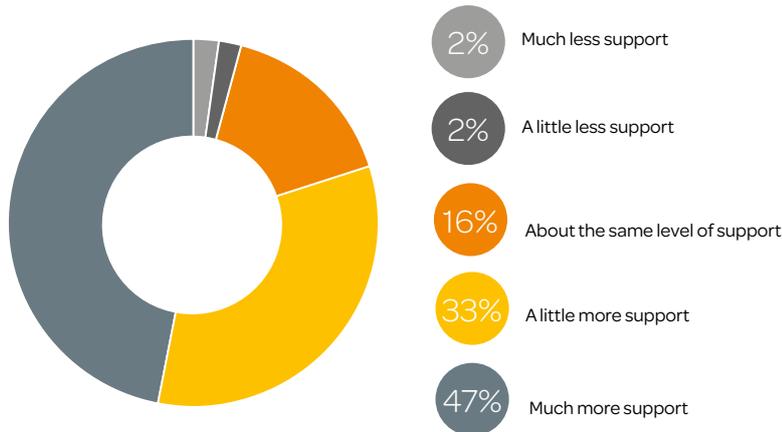
Education

Education continues to be a high priority for adoptive families, with 80% feeling that their child needs more support in school than their peers, and 60% citing that supporting their adopted child through education is one of their top three challenges.

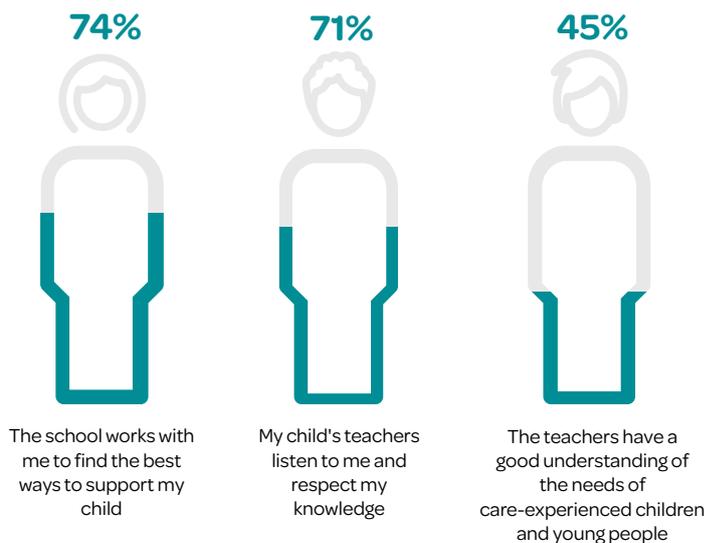
Two thousand six hundred and seventy-six survey respondents had a child or children who attended pre-school, school or college during 2019, representing more than 4,100 adopted children and young people between them.

85% 
of parents feel that adverse early experiences have negatively impacted their child's ability to cope at school

Compared to other children the same age, how much extra support does your adopted child need in their education setting?

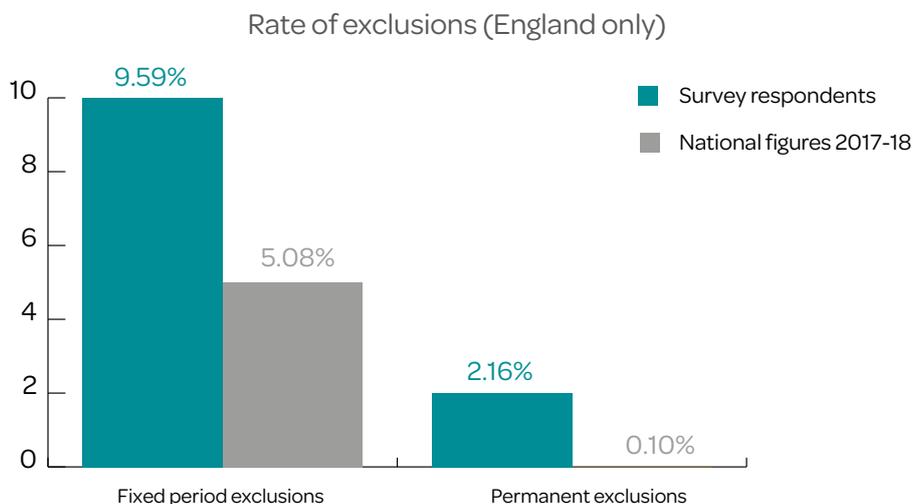


Respondents overwhelmingly agreed that their child's early adverse experiences had had a negative impact on their ability to cope in school, both academically (78%) and socially and emotionally (85%). 61% are worried that their child will leave school with few or no qualifications and this rose to 70% among parents of secondary school-aged children.



While respondents were generally positive about their schools' and teachers' willingness to listen to and work with them, they were considerably less confident that teachers had the knowledge and skills they needed to support their children. Half of respondents considered that the setting's approach to managing behaviour was unhelpful for their child.

Rates of fixed period exclusions among respondents' children were highest in Wales (13%) and rates of permanent exclusions were highest in England (2.16%), but the numbers of permanent exclusions in Scotland, Northern Ireland and Wales are too low to fairly compare the data to national statistics on exclusions.



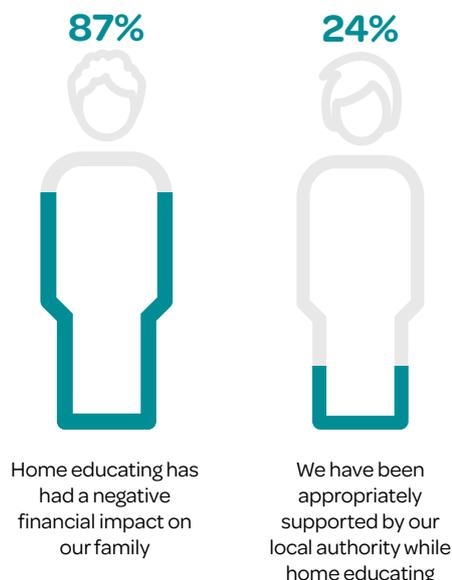
A comparison of the rate of fixed period and permanent exclusions reported by survey respondents in England and national statistics for 2017-18 provided by the DfE indicate that adopted children may be significantly over-represented in both categories. Seventy-four respondents from England said that their child had been permanently excluded during the calendar year 2019, suggesting that adopted children are more than 20 times as likely to be excluded as their peers. This figure has remained consistent across three separate surveys of adoptive parents carried out by Adoption UK in 2017, 2019 and 2020.

Where children were facing difficulties at school, accessing support was often seen as a challenge, with two thirds of respondents agreeing that it felt like a battle to get the support their child needs. 14% of adopted children changed school during 2019 in order to find one that would better be able to meet their needs, and one in five were told by their school that their needs could not be met because of funding constraints.

For a small proportion of adoptive families, the result of these challenges is that they leave the school system altogether. The proportion of adoptive parents who had home educated their child during 2019 was 7%, which was a slight increase on the previous year.

Of these, the proportion of parents who were home educating because of permanent exclusion, or the threat of it, was higher than the proportion of those home educating out of choice. In fact, 91% were not home educating out of choice, but because of difficulties in school that could not be resolved, a lack of suitable schools that could meet their child's needs, or permanent exclusion.

Although 90% of home educating parents felt that their child seemed happier and calmer than they had been at school – and 62% felt that the benefits outweighed the disadvantages – 83% would prefer their child to be in school if the right school could be found.



CASE STUDY

We had a long struggle to get a statement of special educational needs (SEN) for our son before he went to secondary school, so we made sure we met the special education needs co-ordinator (SENCO) before we enrolled him.

They assured us they had a good understanding of attachment difficulties and SEN. It looked like a good set-up.

Shortly after he joined the school there was a residential trip, but we were called to pick him up early because he had been in a fight. It was then that we discovered that the school did not have a copy of his statement.

Throughout his first year, he had suspensions and detentions, including on Saturday mornings. We know there was behaviour on our son's part that was unacceptable and we're not making excuses for that, but the way it was handled did not help him.

After each suspension, there was no support to reintegrate into school. He was given a contract to sign that implied he would be expelled unless he improved his behaviour. We felt he couldn't sign that and kept him home for two weeks. The school rescinded it.

Holiday transitions were always difficult. After Easter, he was suspended until the end of May. After he returned, there was another incident, and he was put on a rolling suspension.

Eventually, an educational psychologist who specialised in attachment became involved. It was like a light turning on, but things had broken down so badly that we took him off roll and committed to home educate him until we could find the right school, which we eventually did.

At his new school, there have been some difficulties and one suspension, but it was handled completely differently. They really helped him to settle back in after that incident, and they are willing to work with the educational psychologist. He is feeling more positive about school now.

All these struggles have impacted us hugely as a family. I have had to give up my part-time teaching job. It has definitely taken its toll on our mental health and has been an incredibly isolating experience.

Adoptive parent, Northern Ireland

Education continues to be a source of challenge and difficulty for many adoptive families. Even where schools and teachers are working with parents to support children, a lack of knowledge, skills, resources – and, in some cases, suitable alternative or special educational provision – means that too many adopted children are lacking support, facing exclusion, changing schools or being home educated by parents who are experiencing financial constraints as a result.

RECOMMENDATIONS

1. Join up support during handover between agencies

Improved information sharing between agencies when responsibility for post-adoption support transitions between agencies, including a review of assessment of support needs at this point.

2. Secure stable long-term funding for adoption support

The ASF to be secured for the future in England. Secure ring-fenced funding to be introduced in Scotland, Wales and Northern Ireland to ensure that therapeutic and peer support is available to all adoptive families.

3. Create clear standards for post-adoption support

National standards to be created to guarantee an ambitious level of universal, targeted and specialist support for every adoptive family, including peer support. Every LA and RAA to provide a clear 'local offer'.

4. Update contact procedures for the digital era

Agency policies and family training about contact to be reviewed in the light of changes due to digital technology. All contact plans to be reviewed regularly and supported by a named social worker with suitable experience to ensure that all participants (adopted children and young people, their siblings, members of the birth family and adoptive parents) are well supported.

5. Provide family support when children leave home prematurely

In circumstances where children leave home prematurely, families must be provided with support, including help to repair and rebuild relationships wherever possible.

6. Train education professionals in early childhood trauma and track attainment and outcomes of adopted children

In education, all governments to collect and analyse data on attainment, special needs and exclusions for previously looked-after and adopted children, and to ensure that all education professionals are fully trained (from initial teacher training) and resourced (through targeted funding) to support the needs of previously looked-after and adopted children, including those adopted internationally.



Families with older adopted children and young people

What does 'good' look like?

As adopted young people grow into adulthood, families will be provided with effective and timely support around direct contact with birth families, including training and advice for adoptive parents.

Adoptive families and adopted young people will be signposted towards appropriate support for accessing tertiary education and moving towards independence. Statutory services will be trauma-informed and have a thorough understanding of the needs of adopted young adults. Outcomes for adopted children will be tracked, and this information used to drive improvement in provision of services.

Adoptive families will feel confident that their child will receive any additional support they need as they move into adulthood and transitions from statutory services for children and young people to those for adults will be seamless and well-managed.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There is a nationally-agreed framework for supporting previously looked-after young adults as they transition from services for children and young people to services for adults	POOR	POOR	FAIR	FAIR
Outcomes for adopted and previously looked-after children are tracked nationally and this information used to drive improvements in the provision of services	POOR	POOR	POOR	POOR
OVERALL	POOR	POOR	FAIR	FAIR

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Adopters feel well-prepared for the possibility of planned or unsolicited direct contact with birth families during teen years	FAIR	GOOD	POOR	POOR
Adoptive families with older children can access support that is tailored to the specific needs of adopted adolescents and young adults	POOR	POOR	POOR	POOR
Adoptive parents feel optimistic about their older children's futures and are able to see them making progress towards their goals as they move into adulthood	POOR	FAIR	POOR	POOR
OVERALL	POOR	FAIR	POOR	POOR

About families with older adopted children

Eight hundred and thirty-two respondents had one or more adopted children aged 13-18 during 2019, and 496 had one or more adopted children aged 16-25 (there is obviously some overlap between these groups).

Parents with children aged 13 or older were more likely than average to assess their family as facing severe challenges during 2019 (48% compared to 36% of all respondents), and only 61% would encourage others to consider adoption, compared to 73% of all respondents. These two statistics alone bring into sharp focus the increased challenges often faced by adoptive families with teens and young adults.

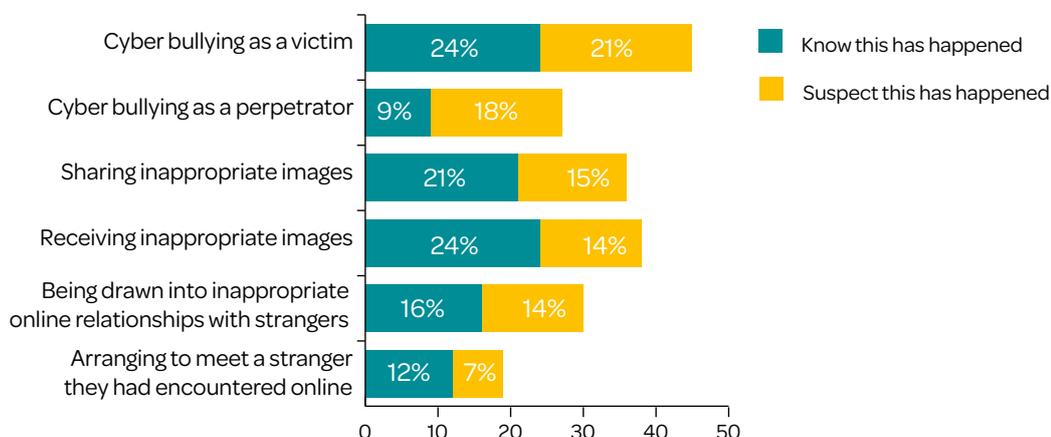
Safety and social media

This year, for the first time, we asked parents of young people aged 13-18 about their social media habits, and their vulnerability to becoming drawn into exploitative relationships and risky behaviour.

90% of the young people aged 13-18 represented in the survey had access to social media. In 50% of cases, these young people's parents were not confident that their child was fully able to keep themselves safe when using social media, and 70% felt that their child's social media use had a negative impact on the quality of family life.



Known and suspected risky online behaviours: 13-18 age group



It seems that the adopted children represented in our survey were vulnerable while using social media, with a particular cause for concern being that at least 12% had arranged to meet a stranger they had encountered online.

Cyberbullying was also a concern. It is difficult to estimate the rate of cyberbullying nationally, as there is no standardised definition, but Ditch the Label's *The Annual Bullying Survey 2019* reported that 26% of respondents (all aged 12-20 and from the UK) had experienced cyberbullying within the past year. This is similar to the known figure reported by adoptive parents. However, the Ditch the Label's report also noted that 28% of young people who experienced any kind of bullying never reported it to anybody, and those who did tell their parents often only revealed part of the problem. So, it is likely that the parental knowledge of cyberbullying in the figures above are an underestimate of the true scale of the problem among adopted young people.

The Adoption UK report *Bridging the Gap* (2019) revealed that two thirds of secondary school-aged adopted children had been bullied or teased at school because of their adopted status. While this statistic was not specifically related to cyberbullying, it does indicate that adopted children are at significant risk of being subject to bullying.

For the first time, we asked adoptive parents if their 13-18-year-old children had been involved in criminally exploitative activity during 2019. Just under one in five survey respondents knew, or strongly suspected that their child had been involved in such activities, including being coerced into petty crime, involvement in county lines activities, child sexual exploitation, selling drugs and becoming part of a gang involved in criminal activity.

Respondents' comments revealed the extent of the vulnerability of the young people caught up in this activity, and the devastating impact it could have on them.

“

After being beaten up, our child decided to join the gang as it seemed like the safer option. This has since led to their involvement in criminal activity, drugs, etc.”

Adoptive parent, England

“

He was asked to steal, which he did. Then the other kids ran off and left him. He was arrested... A young man, who my son thought was his friend, put him in a situation where he was asked to sell weed. His money was then stolen.”

Adoptive parent, England

CASE STUDY

Our son was groomed by a county lines gang to deliver drugs.

He has an alcohol-related neurological disorder and high functioning autism, which contributed to him being exploited.

Things started to go pear-shaped at secondary school. He was getting in trouble, hanging around with the wrong crowd. He thought it was funny. He didn't realise he was being played.

He was running off from school then going out on his bike with older boys. He had mates - something he'd always wanted. He is so vulnerable he'll do anything in exchange for small things - a bag of sweets here, a tenner there.

We looked at his phone and saw odd texts, reading: "You're pretty cool for a young one" and "Can you deliver?"

When we took the phone off him, he panicked. It was clear he was involved and scared.

I received a few choice words when I answered one of the calls, effectively "You better let your son out, he's got our drugs".

We went to the police the next day.

I'm confident he won't return to county lines, but I can't be 100% sure. These gangs are insidious. They know who the vulnerable kids are.

Adoptive parent, England

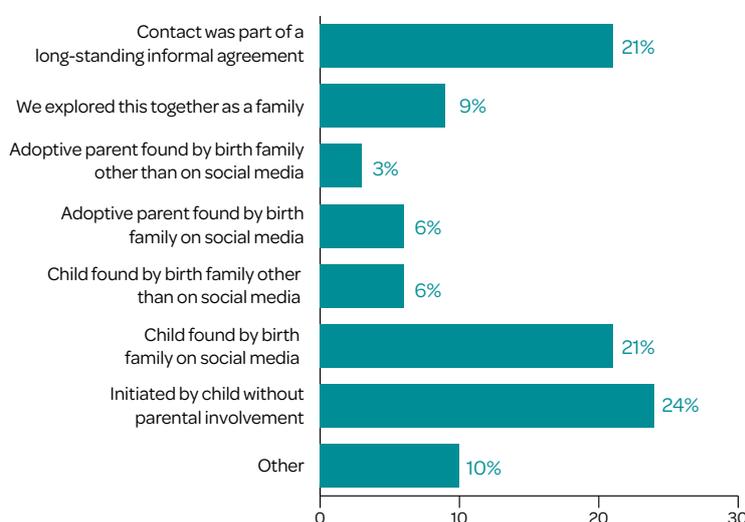
Older adoptees and contact with birth family

One quarter of 13-18 year olds represented in the survey had experienced contact with a birth family member outside of any existing formal contact agreement during 2019, which represents a slight increase on the previous year.

In 35% of cases, the contact was initiated by a birth family member, most commonly contacting the adopted young person via social media. A further 24% of children had initiated this themselves, without the involvement of their adoptive parents. The proportion of children who had contact as part of a longstanding informal arrangement increased from 17% during 2018 to 21% during 2019.

More than half of adoptive parents think their 13-18-year-old has searched for information about birth family using social media

How contact with birth family was initiated (young people aged 13-18)



54% of parents felt that this contact had been positive for their child, and 60% felt that it had been positive for the relationship between them, as the adoptive parent, and their child. However, 58% agreed that the contact had been a destabilising factor in their family.

Two thirds of respondents felt that they had prepared well as a family for the possibility of unsolicited direct contact. It was clear that families had sought support, with two thirds contacting their adoption agency for help to manage it. Respondents' assessments of their own preparedness for contact during the teen years was considerably higher than last year, when only 54% felt well prepared.

Among adopted young people aged 16-25, 31% had ongoing contact with one or more members of their birth family, with more than half of these arrangements being described as 'difficult'.

The possibility of direct or indirect contact outside of a pre-existing formal agreement during the teen years is one that must be prepared for by every adoptive family. These figures show that it is most likely to occur either because a birth family member has contacted an adopted young person, or a young person has searched for a birth family member without involving their adoptive parents.

With their parents' knowledge, 36% of adopted young people aged 13-18 had searched for information about birth family members on social media, and a further 15% of parents suspected their child had searched. The likelihood is that many more have searched without their parents' knowledge. Parents of adopted children of all ages commented that arrangements around continuing contact with birth family members need to be flexible and subject to regular review to reflect the changing needs of both adopted children and young people and their birth family members – and this is particularly important during the teen years.

CASE STUDY

Excitement turned into thoughts of suicide for our daughter when, aged 14, her birth mother made contact with her via Facebook. After this initial contact, her birth mother turned up at her school and took her back to her house. She wanted our daughter to live with her and told her: "If you don't want to be with me, then to me you are dead".

After this, our daughter told her GP that she wanted to kill herself, because she felt responsibility and shame for the chaos that one click on Facebook had unleashed.

It had been easy for her birth mother to find her, because a data breach by social services meant they had mistakenly enabled her to access our contact details.

At a meeting with social services, her birth mother agreed to make no further attempts to contact our daughter. However, she continued to bombard her with messages and lurked in places where she knew she would see her. Their encounters were always acrimonious and distressing.

Our daughter was given support for her early relational trauma and attachment issues at school but she was badly retraumatised by this unplanned contact with her birth mother. Much of the healing from her difficult early life was painfully ripped apart.

She is now a young adult and continues to fear chance encounters with her birth mother.

Adoptive parent, England

Comprehensive support is vital if adopted young people are to establish and maintain positive birth family relationships where this is their wish, and where it is safe to do so. Where there is lack of information, the temptation for young people to go searching is likely to be increased, raising the possibility of young people finding and meeting birth relatives for the first time with little preparation and without the support of their adoptive parents and other agencies.

If the young person is willing, conversations about meeting or finding birth family members need to take place well before the teen years, alongside effective life journey support, the provision of appropriate and up-to-date information from agencies and regular reviews of any existing arrangements for continuing contact.

Outcomes for adopted young adults

At the end of 2019, 71% of adopted young people aged 16-25 were living at home with their adoptive parents, and a further 13% were living independently. The remaining 16% were split between a variety of different living arrangements with the most common being supported accommodation (6%) and residential homes (2%).

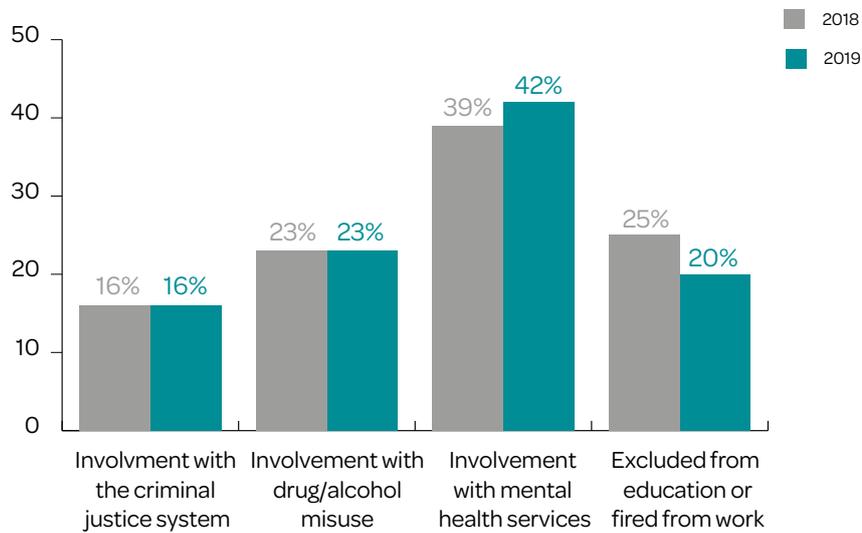
12% of respondents reported that their older adopted children now had children of their own and of these, 3% were now the full-time carers or guardians of these grandchildren.

During 2019, 21% had spent at least some part of the year not in education, employment and training (NEET). This is a welcome decrease on last year's *Adoption Barometer* when this figure stood at 27%, but still represents a significantly higher rate than in the general population. According to the Office for National Statistics, 11.1% of

47% 
of adoptive parents feel
optimistic about their
older child's future

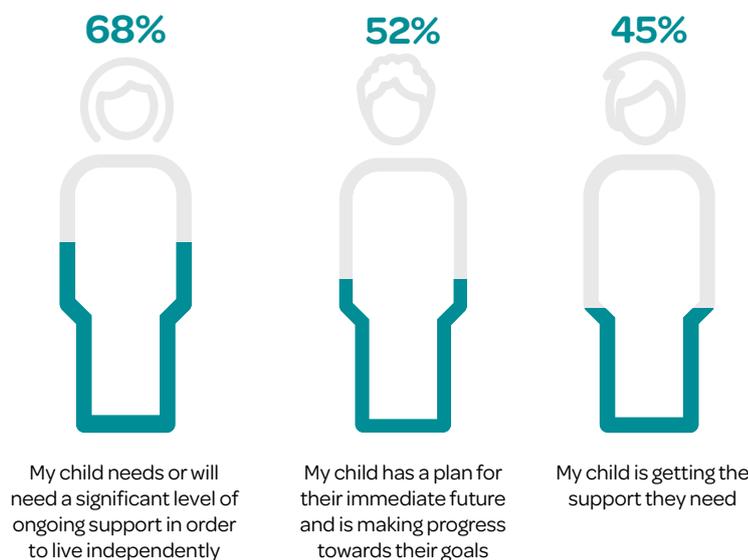
young people aged 16-24 in the UK were NEET in October to December 2019, meaning that the young people represented in the survey were nearly twice as likely to be NEET as their peers.

Experiences of adopted young people aged 16-25



Rates of involvement with the criminal justice system and with drug and/or alcohol misuse have remained unchanged since last year, but the proportion of adopted young people accessing mental health services has increased slightly from 39% to 42%.

This high level of engagement with mental health services is perhaps part of the reason why the parents of young people in this age group express concerns about their children’s prospects. In fact, only 47% of parents reported feeling optimistic about their older child’s future.



It is clear that the challenges facing adopted young people and their families have not significantly changed in the last year. As the data builds year on year, the case for specialist services designed to cater for the specific needs of adopted and care-experienced young people becomes even more compelling.

RECOMMENDATIONS

1. Extend support for adopted and kinship care young adults to age 25

National governments to align the support available to previously looked-after young adults more closely to that for care leavers to reduce the 'cliff edge' effect during transition from services for children and adolescents to those for adults. This should include continuing support plans until at least the age of 25.

2. Improve transition to adult services

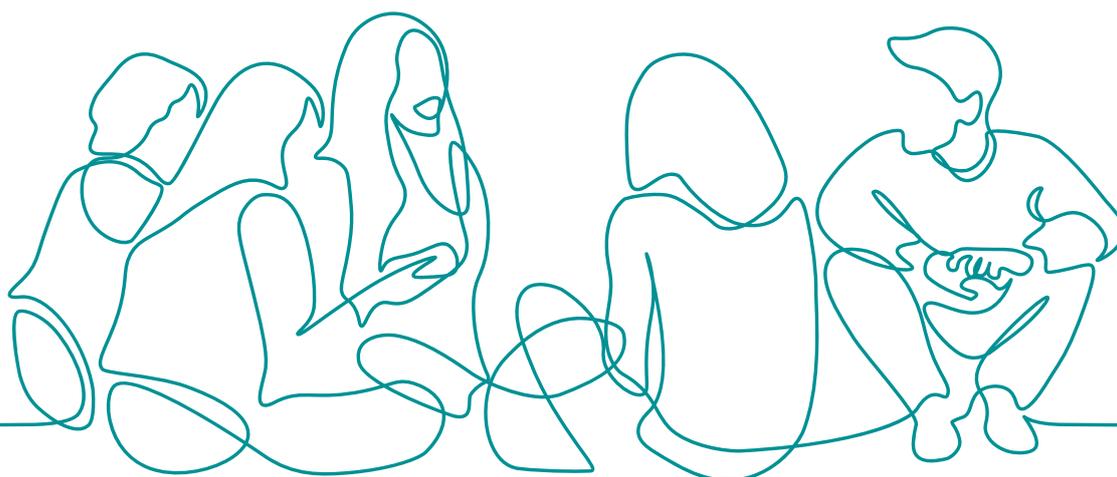
Review the thresholds for access to child and adolescent and adult services to ensure that there is clear alignment in order to achieve as smooth a transition as possible, bringing thresholds for adult services more into line with thresholds with child and adolescent services.

3. Provide life story support during teen years, in anticipation of contact

Local authorities and agencies to proactively offer all adoptive families support for life story work and birth family contact as children enter their teen years, in preparation for the possibility of direct contact outside of formal agreements.

4. Invest in online safety learning for vulnerable young people

Local authorities and agencies to offer tailored e-safety training to all care-experienced young people and their families as part of universal post-adoption support.



Nation by nation



NATION BY NATION: ENGLAND

The DfE's evaluation of regionalisation (July 2019) stated that it has prompted agencies to identify and address gaps in support provision and highlighted the crucial role of the ASF in enabling RAAs to buy in specialist support. However, the evaluation did not take the views of adoptive families into account and, despite additional funding being announced for 2018-19 and 2019-20, the ASF is currently not guaranteed past July 2021.

In October 2019, the DfE launched a new adopter recruitment drive with over £1.5m invested by the end of the year. The children's minister at the time, Michelle Donelan MP, wrote to all directors of children's services in January 2020 expressing concern about falling numbers of adoptions and confirming that adoption would be a "priority" for the new government.

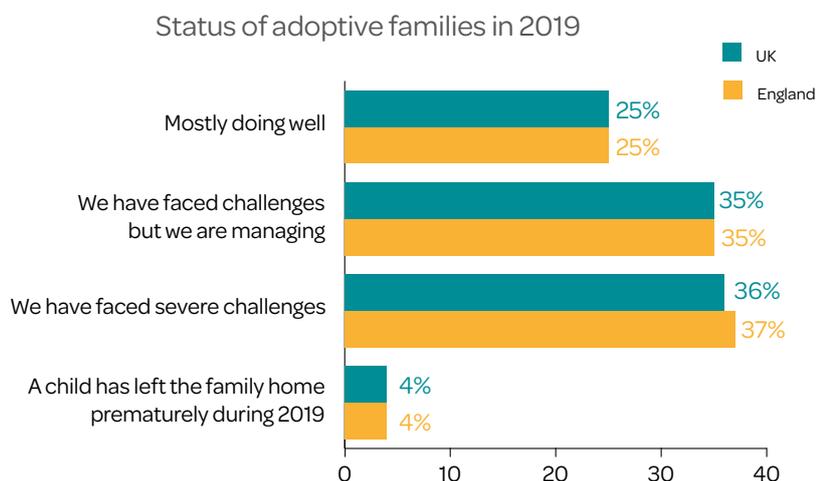


In education, the *Timpson Review of School Exclusion* was published in May 2019. The report drew on Adoption UK research and included the recommendation that training on the underlying causes of poor behaviour (including attachment and trauma) should be mandatory in initial teacher training and embedded in the early career framework, something Adoption UK has been calling for through the #EqualChance campaign. While the government of the time accepted the recommendations in principle, measures mentioned in initial responses (including £10m to 'crack down' on challenging behaviour) did not include any references to changes to teacher training.

The adoption strategy, *Adoption: A Vision for Change*, is due to expire at the end of 2020. Adoption UK supports the extension of this strategy or the creation of a replacement. In view of this, the *Adoption Barometer* provides an opportunity to assess how current government policy is impacting the experiences of adoptive families in England, and to inform the work on modernising permanence being undertaken by the Adoption and Special Guardianship Leadership Board, and the future policy direction of the DfE.

About adopters in England

The total number of respondents who lived in England for the majority of 2019 was 3,966. Of these, 70% were members of established adoptive families with a child or children who moved into the family before 2019. These 'established families' respondents represented 4,356 children. Questions in this section were asked of all respondents who were living in England, including prospective adopters.



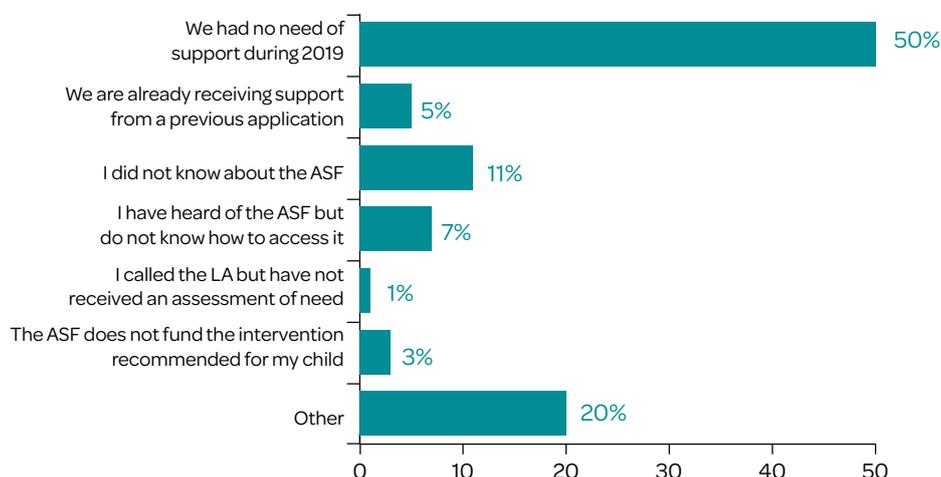
Experiences of applying to the Adoption Support Fund

In England, the ASF is available to fund therapeutic support and interventions for permanently placed and adopted children. The ASF currently has a maximum fair access limit of £5,000 per child per annum, with any funding in excess of that to be match-funded by the local authority. A separate limit of up to £2,500 is available for complex assessments.

During 2019, 43% of respondents living in England made, or attempted to make an application to the ASF, a slight decrease from 46% during 2018. Of those who did not attempt to make an application, 50% had no need of support during 2019. This figure includes some families who did not yet have children living with them.



Reasons for not accessing the ASF during 2019



The proportion of respondents who did not know about the ASF fell from 13% last year to 11%, and the proportion who did not know how to access it fell from 10% to 7%, which is encouraging in terms of the level of awareness among adoptive families.

Of those who responded 'other' to this question, the majority did not yet have children placed with them, or their child was older and was no longer living with them. Some reported that support was being accessed elsewhere, for example, via CAMHS, or through their adoption agency. However, a small number of respondents indicated that they were put off applying because of previous poor experiences, or because it had been suggested to them that they would not meet the threshold.

“ We had ASF support in 2019 and did not have a good experience. We found that the external support we accessed did not support the needs of our family... this bad experience has put us off accessing support again.”

Adoptive parent, England

“
Previous applications were made too difficult by the local authority and communication from them was awful, so I gave up trying.”

Adoptive parent, England

There was also evidence that a small number of respondents were not clear about the nature of the fund, or who is eligible to access it.

“
I believe we earn too much to access it.”

Adoptive parent, England

“
I'm not sure we would meet the threshold.”

Adoptive parent, England

A further barrier to accessing ASF-funded support for some families is the concern that their child is not ready for the types of support on offer, would be unwilling to engage with it, or would not be in a place to gain benefit from it.

“
I am unsure that the benefits of the support offered would be worth the upset the children would feel over social workers being brought back into our lives.”

Adoptive parent, England

“
My son does not consider himself to need any support and would therefore not accept it.”

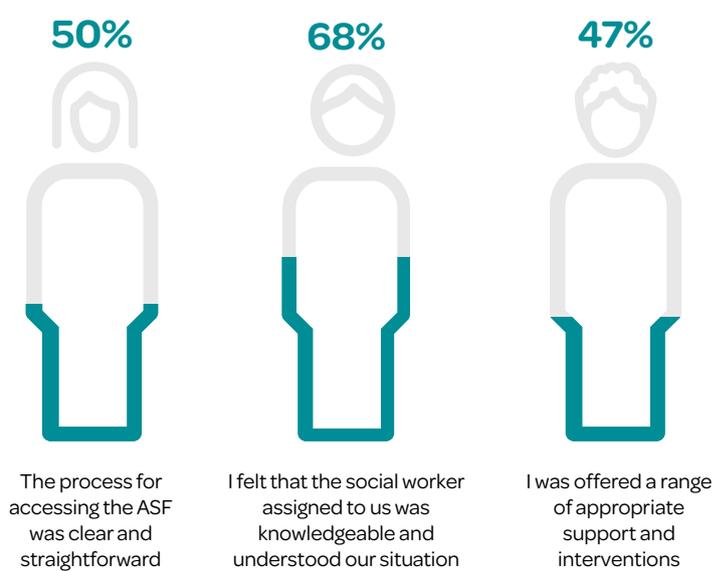
Adoptive parent, England

The experiences of those who made or attempted to make an application to the ASF during 2019 are similar to those who accessed the fund during 2018. 7% made applications that required funding beyond the fair access limit (6% in 2019) and, of these, 57% reported that their local authority had not provided the match funding required, while 21% were still awaiting a decision at the time of completing the survey.

While the proportion of families whose ASF applications go beyond the fair access limit is very small, it is likely that these are families that are experiencing the greatest level of need. The majority are facing barriers to obtaining match funding from the local authorities, resulting in those with severe and complex needs facing delays – and even losing out on vital support altogether.

Additionally, respondents' comments revealed that some families were dissuaded from accessing support by their local authorities on the grounds that they had already reached their limit for the year. We do not know how many families are being refused support at the assessment stage because their applications would take them above the limit. The risk is that the fair access limit, while well-intentioned to ensure that as many families as possible are supported, is negatively impacting the families that are most in need of that support.

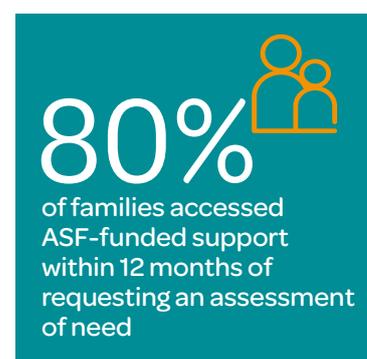
While respondents were fairly positive about the expertise their social workers brought to the process, they were less enthusiastic about the process itself, with concerns expressed both about the procedure for accessing the ASF and the range of support on offer. Only 45% of respondents felt that the whole application process had been completed in a timely fashion.



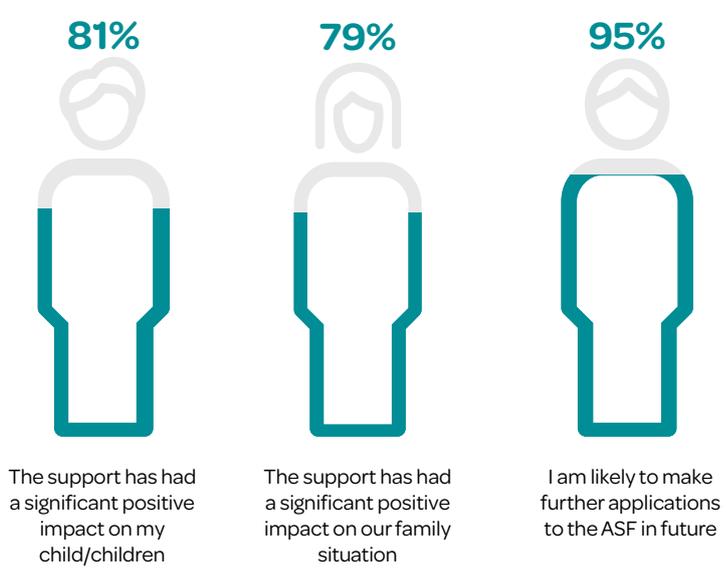
Experiences of receiving services funded by the Adoption Support Fund

During 2019, more than 1,100 respondents accessed support services funded by the ASF, representing a little over one third of all respondents living in England.

Just under half of these families began accessing support within six months of making their first phone call to their agency, and 80% accessed support within 12 months of the first phone call. While the proportion receiving support within 12 months is almost the same as reported last year, the proportion receiving support within six months is lower than during 2018, when 57% of families received help within this timeframe. Twelve months is a long time to wait for vital therapeutic support, and one in five families waited longer than this.



However, support services funded by the ASF continue to be largely positively received by adoptive families, and 57% of those who accessed support felt that it had helped to avoid a situation where a child or children left the home prematurely.



Applications to the ASF remain high, as they were during 2018, and there is no evidence at this stage that the need is likely to reduce as the overwhelming majority of those who had received support indicated that they would be likely to apply again in future. This reinforces the need to maintain and even expand this service.

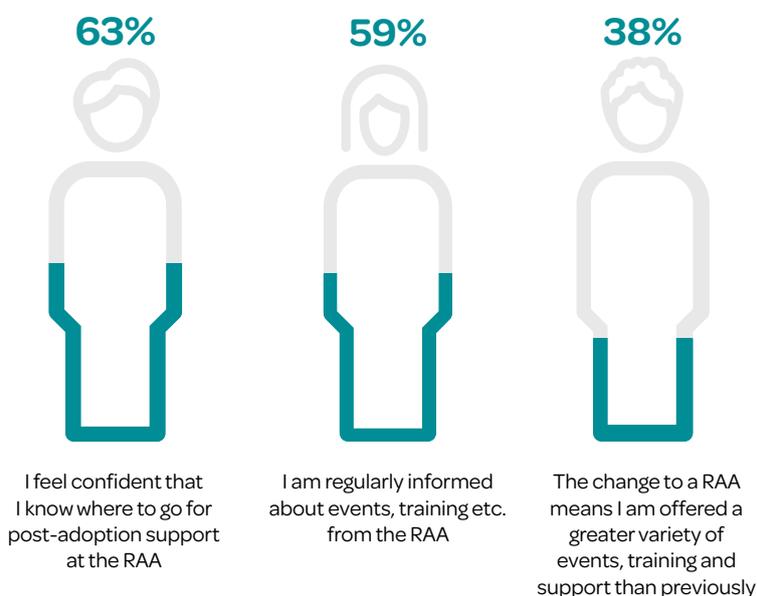
Regionalisation of adoption services

In June 2015, the DfE set out its intention to see all local authorities (LAs) become part of a regional adoption agency (RAA) “by the end of this parliament” (Regionalising Adoption, 2015). At the end of 2019, there were 22 live RAAs comprising 109 local authority areas, with more in process, although the Covid-19 pandemic in 2020 is likely to have caused delays.

52% of respondents in England stated that their services were now being delivered by an RAA, an increase from 42% last year. However, a large proportion of respondents still did not know whether their LA or voluntary adoption agency (VAA) was now part of a RAA (43%, down from 52% in 2018).

With more than 70% of LAs responsible for delivering social care services for children now operating within a RAA, it seems likely that a considerable proportion of those who were unsure are actually included in one. This suggests that there is more to be done in ensuring that all adoptive families, including those who adopted several years ago, are being kept informed about the changes to adoption services in their areas.

The majority of those who were confident that services were being delivered by a RAA felt that they had been fully informed about the change. However, this must be seen in the context of the large proportion who did not know whether they were now in a RAA area.



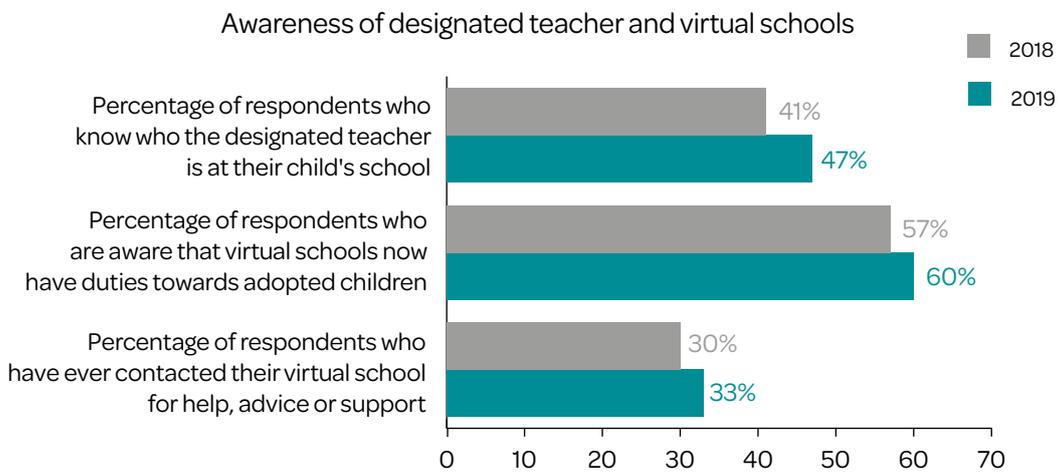
The DfE’s evaluation of RAAs (July 2019) stated that the move to regionalisation had enabled agencies to “reassess approaches to adoption support, develop a more comprehensive training programme, and address gaps”. However, these benefits do not appear to be filtering down to adoptive families in RAA areas, 62% of whom feel that regionalisation has not increased the variety of services on offer.

Education

Designated teachers and virtual schools

Since September 2018, the role of the virtual school head in England has been extended to include previously looked-after and adopted children, and the role of designated teacher for previously looked-after children has become statutory in all state schools.

However, more than a year after the introduction of these measures, the majority of respondents still do not know who the designated teacher is at their child's school, and many respondents remain unaware of the role of the virtual school.

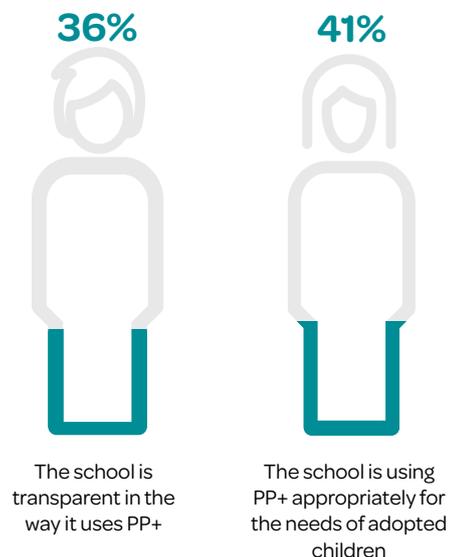


56% of respondents who were aware of the extended role of virtual schools had contacted their local service for help, advice and support suggesting that, once parents know of this service, large numbers are prepared to use it.

Pupil premium plus

While there is still work to be done in ensuring that adoptive parents are aware of the new regulations around designated teachers and virtual schools, awareness of pupil premium plus (PP+) for previously looked-after children is very high, at 97% of respondents (including those who are aware of PP+ but whose children are not eligible).

However, parental awareness of PP+ does not necessarily translate to schools being in receipt of funds. Only 77% of parents with children of compulsory school age said that their child's school was in receipt of PP+ for their child, and 17% did not know whether their child's setting had claimed PP+.

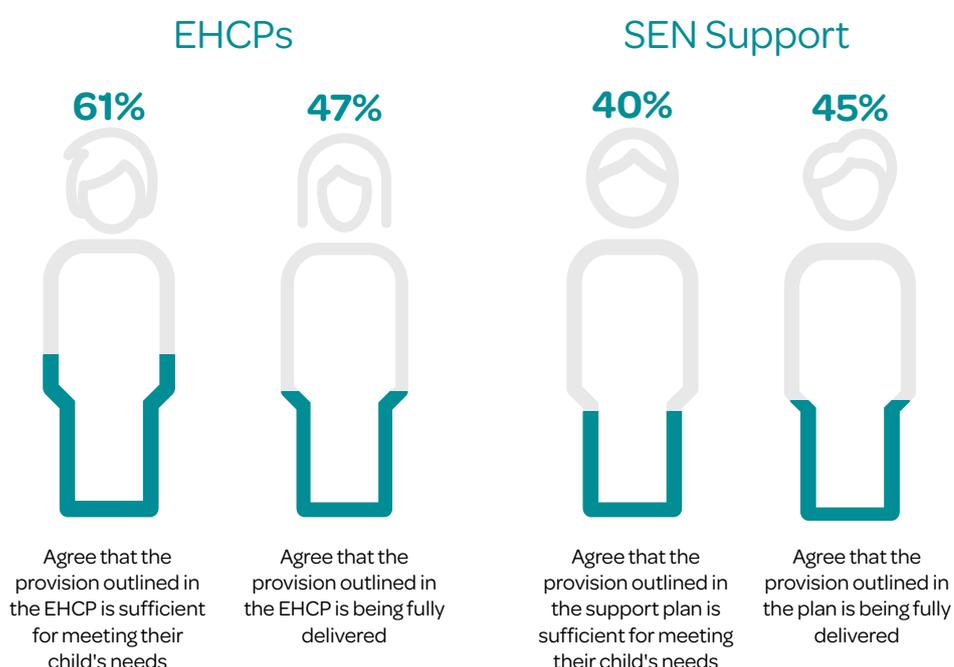


It is unclear why some children are not benefiting from PP+ even though their parents are aware that they are eligible. Schools may seek to increase uptake of PP+ by ensuring that eligibility is indicated on a child's entry to the school's roll (e.g. by including a tick box on paperwork) and following up each eligible contact directly through the designated teacher.

Where schools are in receipt of PP+, parents still have concerns about the way it is used, with levels of satisfaction not improving since we asked them last year.

Special educational needs and disabilities (SEND)

37% of the children represented in this part of the survey (children of compulsory school age living in England) have an Education, Health and Care Plan (EHCP). A further 39% of children were registered as needing SEN Support in school (not including those with EHCPs).



While the majority of children represented in this survey have SEND, there is clearly a shortfall in parents' perceptions of the quality of the support plans being put in place and the reality of how this support plan is working for their child. This is especially true of children who are receiving SEN Support in school but do not have an EHCP.

NATION BY NATION: NORTHERN IRELAND

Northern Ireland is still waiting for the progress of the Adoption and Children (Northern Ireland) Bill, which was drafted in 2017 with the aim of replacing current legislation which came into force in the 1980s.

However, despite this delay in modernising legislation, there have been positive developments in Northern Ireland in recent years. The Regional Adoption and Fostering Service (RAFS) works with health and social care trusts to recruit and support adoptive and foster families and collaborates with colleagues in the independent sector to provide a joined-up Adoption and Fostering Service in Northern Ireland. Mandatory pre-adoption training delivered in conjunction with Adoption UK includes up-to-date information about the adoption process and the relevant skills needed to parent an adopted child, and RAFS highlights a range of universal, targeted and specialist post-adoption support. Every newly-approved adopter in Northern Ireland is offered funded membership of Adoption UK.



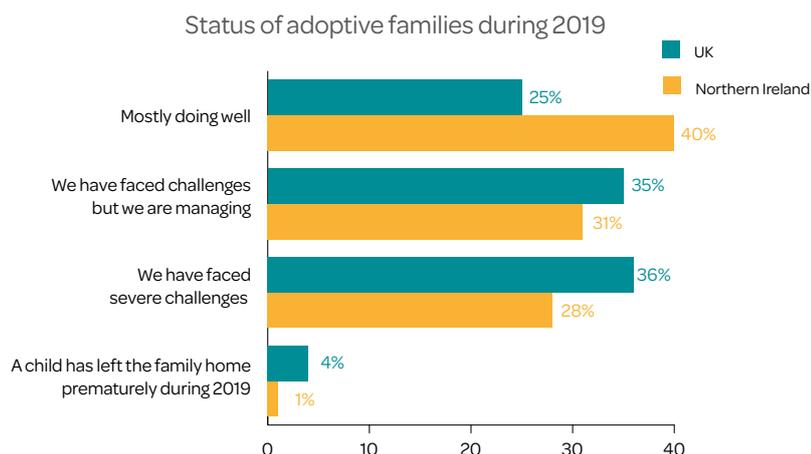
However, there is currently no statutory obligation for health and social care trusts to assess and support adoptive families who are experiencing difficulties. In the meantime, the Therapeutic Education Support Services in Adoption (TESSA) programme, delivered by Family Routes with Adoption UK Northern Ireland and funded by the Big Lottery Reaching Out Supporting Families initiative, aims to address the gaps and imbalances in post-adoption support services for families with children aged between two and 12 adopted domestically and intercountry. To date, TESSA has supported more than 175 families in Northern Ireland.

About adopters in Northern Ireland

One hundred and seventy respondents were living in Northern Ireland for all or most of 2019, representing 3.5% of survey respondents. Of these, 62% were established adoptive families with a child or children who had joined the family before 2019. These 'established families' respondents represented 160 children.

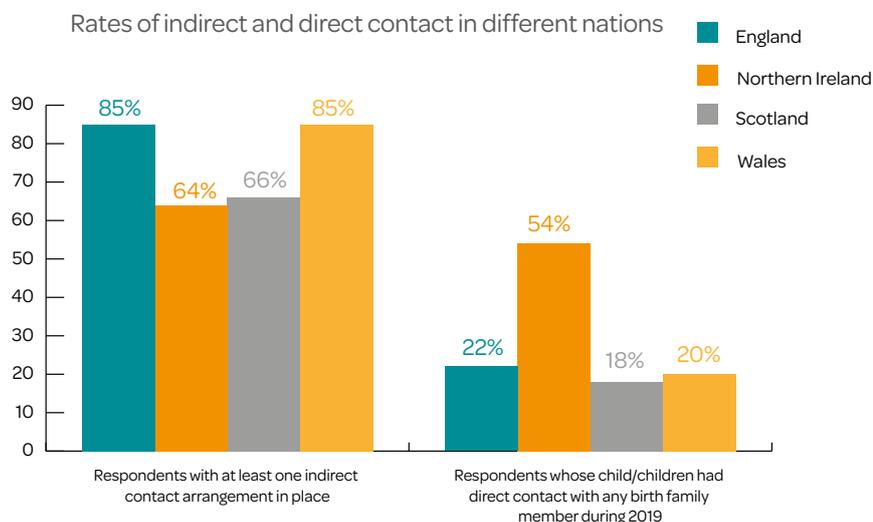
The adoption landscape in Northern Ireland is somewhat different from the rest of the UK. Early permanence is the preferred pathway for children in Northern Ireland and represents the experience of the majority of prospective adopters represented in the survey. Just over half of established family respondents told us that they had adopted via an early permanence route.

Northern Ireland was the only nation where adopters were most likely to assess their family as 'mostly doing well', and respondents were more likely to recommend adoption and were more optimistic about their family's future than in any other nation.



Maintaining contact with birth family members

Last year's *Adoption Barometer* showed that respondents from Northern Ireland were somewhat less likely to have indirect formal agreements with birth family members, but much more likely to have direct contact. This trend continued this year.



This year, we asked additional questions in order to begin to evaluate whether the high level of early permanence adoption in Northern Ireland has an impact on the rates of indirect and direct contact, which may account for the difference between Northern Ireland and other UK nations.

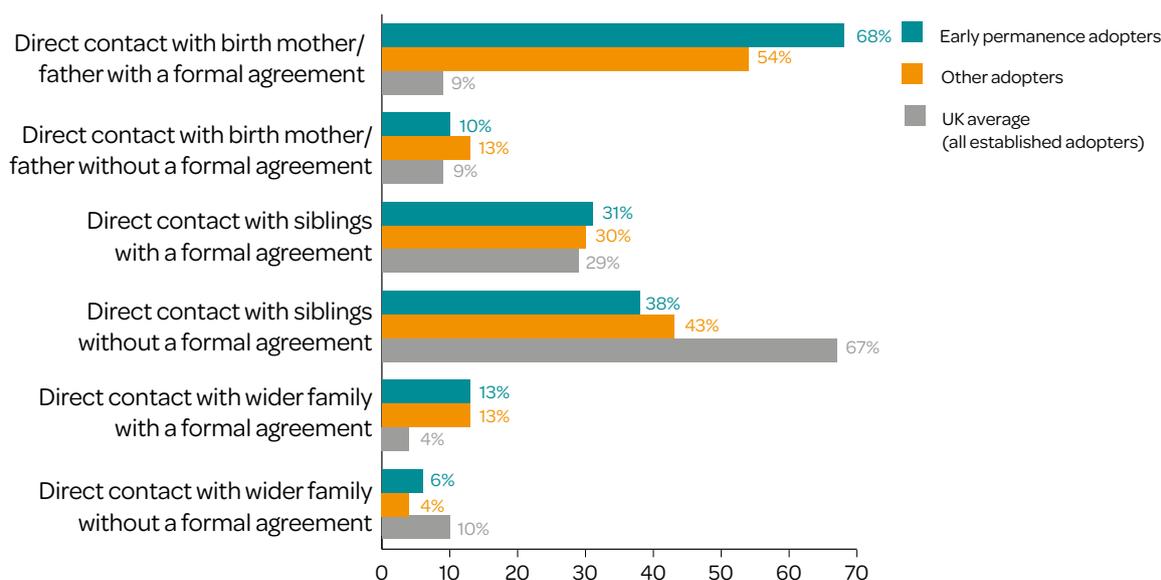
In Northern Ireland, the rate of indirect contact agreements for those who adopted via early permanence was very similar to those who had adopted by a more traditional route. However, there were differences in the amount of direct contact taking place.

62% of those who adopted via an early permanence route reported that their child or children had direct contact with a birth family member during 2019, compared to 51% of those who had adopted via a more traditional route. Both groups are experiencing more direct contact than adopters in other nations of the UK.

There were some differences between the two groups in terms of the nature of the direct contact that had taken place.



Nature of direct contact in Northern Ireland



*All figures relate only to children who had direct contact during 2019, and not to all adopted children represented in the survey.

The most striking feature is the amount of direct contact taking place between adopted children in established families (i.e. those whose adoption orders have been finalised) and their birth mothers and/or fathers. The rates of formally agreed contact are highest among those who adopted via an early permanence plan but remain considerably higher than the UK average among both groups of adopters. This suggests that, while early permanence adopters do appear to have increased rates of direct contact with birth parents, this is not the only factor explaining the high overall rates in Northern Ireland.

Respondents from Northern Ireland were more likely to agree that birth family members participated regularly in contact arrangements, although this figure was still low at 53%.

However, the comments of respondents from Northern Ireland revealed a mixed picture about the impact of direct contact. Of the 49 who had direct contact, 42 commented, and only five were unequivocal that their arrangements were working well for everybody.

Some respondents expressed frustration at arrangements not being adhered to, and the impact that had on the child. These included direct visits being rearranged and missed entirely, and agreements around gifts and photographs being breached. Respondents wrote powerfully about the impact of missed or late visits on children and, in four cases, commented that their child had requested that direct contact be stopped – although one of these did say that contact had been beneficial in the past.

“
The birth mother does not always turn up, which leaves my child feeling rejected.”
Adoptive parent, Northern Ireland

“
I can see the benefits of contact with birth family for my daughter, but it is extremely unsettling for her. Sometimes I feel that, just as we are starting to make progress, it pulls us back a few steps.”
Adoptive parent, Northern Ireland

Establishing and maintaining contact with birth family members is a subject that is frequently raised among adoptive families and the professionals who support them. It is likely that there is much to be learned from practices in Northern Ireland.

The positive impact of peer support

57% of Northern Ireland respondents had attended an Adoption UK peer support group at least once during 2019, and 16% had attended a group four times or more during the year.

Adopters and prospective adopters at all stages of the process felt that attending peer support groups was beneficial. The benefits fell into two main categories: the groups provide advice and information that may be difficult to access elsewhere; and the groups provide opportunities for families to share with others who have similar lived experiences, both for parents and children.

“
As a family, it is great to meet other parents and children with the same dynamic as us and we have enjoyed learning from others in the same position. Our son gets real benefit from meeting and spending time with these families also.”

Adoptive parent, Northern Ireland

“
The group has offered support and information in ‘real life terms’, which you don’t often get with social services. They were able to answer some questions around finances that we had.”

Adoptive parent, Northern Ireland

“
I would envisage that these friends we’ve made will continue this journey with us. Our children will know others in a similar situation, and this will help normalise their family story.”

Adoptive parent, Northern Ireland

When asked which topics they would most like to see covered in a peer support group setting, respondents highlighted therapeutic parenting support, mental health for the whole family, life story and identity and education. Issues that affect only a proportion of adoptive families were also represented, including information and advice on approvals and matching and issues relating to adopted teens.

6% of respondents felt that they would appreciate specific support regarding intercountry adoption. Northern Ireland had the highest rate of intercountry adopters responding to the survey (10% of respondents, compared to 4% nationally).

NATION BY NATION: SCOTLAND

Currently in Scotland there is no central government overview of adoption support, and individual local authorities are left to their own interpretation of adoption support and assessment of children's needs. This has led to a varied and variable provision of services, resulting in areas of good practice and support, and areas lacking in both universal and specific enhanced support. One of the challenges identified is the ambiguity stemming from a lack of explicit standards or timescales, so there is no minimum expectation of service provision currently required. While poor practice can be identified and addressed by Care Inspectorate Scotland, the current requirements of good adoption agency support services are not linked to any legislative requirements.

One area where Scotland has created national improvements is by recognising the need for provision of a national support service to support parents and carers of children with FASD. June 2019 saw the launch of Scotland's FASD Hub, a new Adoption UK service for parents and carers of children and young people who were, or are suspected to have been, affected by prenatal alcohol exposure, and the professionals who work with them. The project, funded by the Scottish government, provides direct support including an information helpline, advocacy support, an online peer support community, workshops and training programmes.

Last year was also the final year of the Independent Care Review, which was commissioned by the First Minister in 2016. Although the conclusions of the review were not published until February 2020, the process of gathering over 5,500 views, the sharing of experiences of those living and working in and around the care system, and the research commissioned as part of the review were already having an impact on the conversation around care experience in Scotland. The review culminated in the publishing of 'The Promise' which pledged significant change and improvement in all areas of the care system in Scotland. Next year's *Adoption Barometer* will be the first opportunity to assess the early impacts of the review on adoption.

In education, the first review of the spending of the Care Experienced Children and Young People's Fund was presented in November 2019 at the CELCIS education forum. This identified that there had been a wide range of targeted approaches funded for care-experienced young people to meet their educational needs using a variety of methods – from staff training, to group programmes, to providing individual support resources. It was emphasised that the fund should only be used for additional support, not to replicate existing services and that there was a need for effective tracking of progress for the young people involved and measurement of success (or otherwise) for the initiatives implemented. Due to the variety of implementations and lack of cohesive evaluation this was implemented to varying degrees of success across Scottish local authorities.

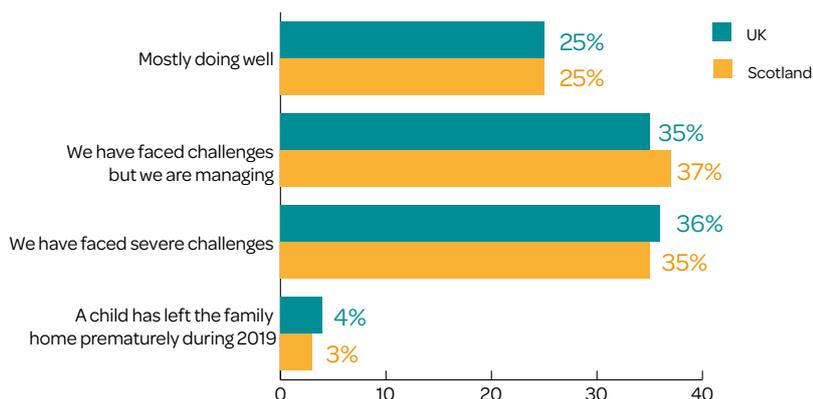
About adopters in Scotland

There were 366 respondents from Scotland, representing 7.5% of the total survey respondents. Of these, 66% were established adoptive families with a child or children who had moved into the family before 2019. These 'established families' respondents represented 343 children.

Respondents from Scotland were more likely to have adopted via an early permanence pathway than in any other nation apart from Northern Ireland. 73% of all adopters in Scotland would encourage others to consider adoption, and 78% said that they felt optimistic about their family's future.



Status of adoptive families during 2019



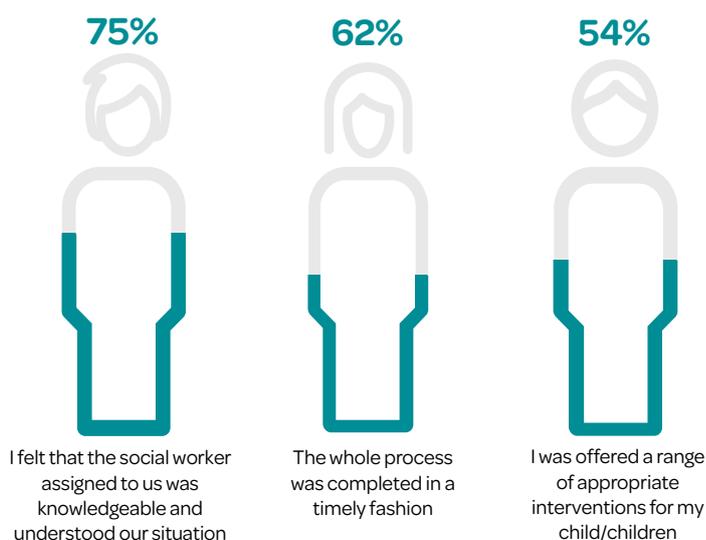
Experiences of accessing post-adoption support

61% of Scottish respondents contacted their local authority or adoption agency for post-adoption support or advice during 2019. Of those who considered themselves to be experiencing significant challenges or at crisis point at the time of contacting their agency, only 38% were offered an assessment of support needs, a multi-disciplinary assessment or therapeutic services delivered either by the agency or an external organisation. This is the lowest rate of any UK nation.

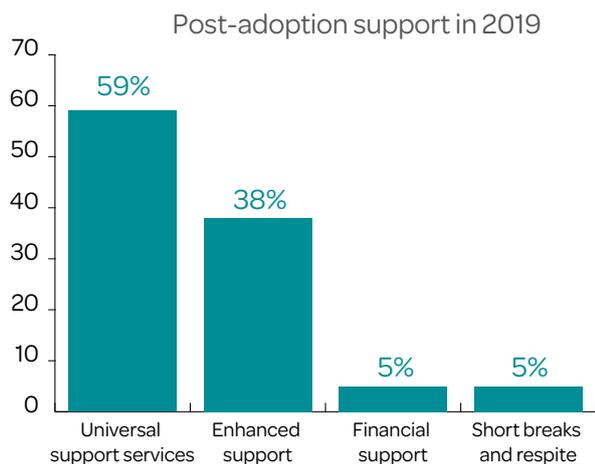
Only 42% were satisfied with the range of support services that were offered as a result of their request for advice or support, and fewer than half felt that what was offered had a positive impact on their family.

Twenty-nine respondents from Scotland received an assessment of needs review during 2019. This group of respondents had a more positive assessment of their experiences than those who contacted post-adoption support but did not have an assessment of needs review.

Only **38%** of adopters experiencing significant challenges or at crisis point were offered enhanced post-adoption support



In total, 95 respondents indicated that their family had received post-adoption support or advice during 2019, including those who did not have an assessment of needs review, or who were receiving ongoing support as a result of requests made before 2019.



Several respondents received more than one type of support. The most common support was universal in nature and most likely to consist of social worker visits or phone calls and access to training and support groups for parents and children.

Of those who received enhanced support, Theraplay, counselling for children and parents and life story work were the most commonly mentioned interventions.

Several respondents did report difficulties in accessing support – including difficulties in securing funding – support ceasing when a social worker left their role, difficulties accessing assessments and concerns that the range of support on offer was not suitable for the child or the family situation.

“*The absence of something like the Adoption Support Fund in Scotland is a serious issue and leaves adopted people here at a major disadvantage.*”
Adoptive parent, Scotland

Education

One hundred and ninety-five respondents in Scotland had an adopted child or children of compulsory school age during 2019, representing 270 children. Rates of home education among Scottish respondents were slightly higher than other nations, at 9%.

More than half of respondents from Scotland had a child or children with an additional support for learning (ASL) plan in school. These plans detail the support that is to be offered for children with additional learning needs.

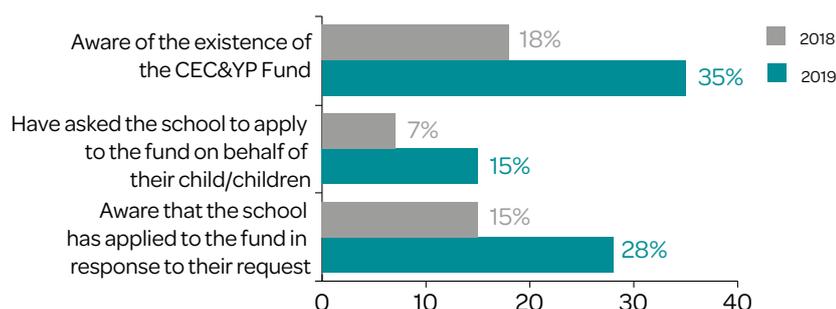
Of those whose children did not have a plan, only 29% indicated that this was because their child did not need the additional support.

11% had asked for a plan to be put in place, but this had been refused, and a further 19% felt that their child would be refused a plan because they do not have an official diagnosis. Of those whose children did not have a plan, more than half felt that they would apply for one to be put in place if they had more information about how to do so.

In Scotland, schools have recourse to the Care Experienced Children & Young People (CEC&YP) fund to provide extra support to eligible care-experienced children, including adopted children. This year's *Adoption Barometer* survey showed a significant increase in both the awareness of and number of applications to this fund compared to the previous year.



The care-experienced children & young people's fund



Of those who had not asked their child or children's school to apply to the fund, only 14% stated that it was because they did not consider their child or children to need additional support. A small number of respondents reported that they had approached their school or local authority about the fund and had been told that as their child was not currently in care, they were not eligible.

For 2019-20, the fund will be allocated at a rate of £1,200 per looked-after child aged between five and 15. While the National Operational Guidance issued by the Scottish government is clear that it is designed to provide additional support to all children and young people (aged 0-26) who have experienced time in care, allocation is only made on the basis of currently looked-after children.

The review of the first year of the fund (presented at the CELCIS education forum in November 2019) highlighted the need to be more specific in the operational guidance about which children should be included under the 'care-experienced' umbrella. While the vast majority of adopted children will be care-experienced, the guidance currently refers to the fund as being administered by local authorities "as corporate parents". Since adopted children, while being care-experienced, do not have the local authority as their corporate parent, this wording perhaps adds to the confusion around whether they are eligible.

If adopted and other previously care-experienced children and young people are to benefit from strategies funded by the CEC&YP fund, it is important that the guidance specifically includes them and recognises that the local authority is not their corporate parent. We would additionally recommend that future funding allocations include previously cared-for children to ensure that funding is sufficient for all those who are care-experienced.

NATION BY NATION: WALES

In June 2019, the Welsh government announced a £2.3m investment in adoption services. In partnership with third sector organisations some of this funding is being used to provide new services including the Therapeutic Education and Support Services in Adoption (TESSA) and a new children and young people's service.

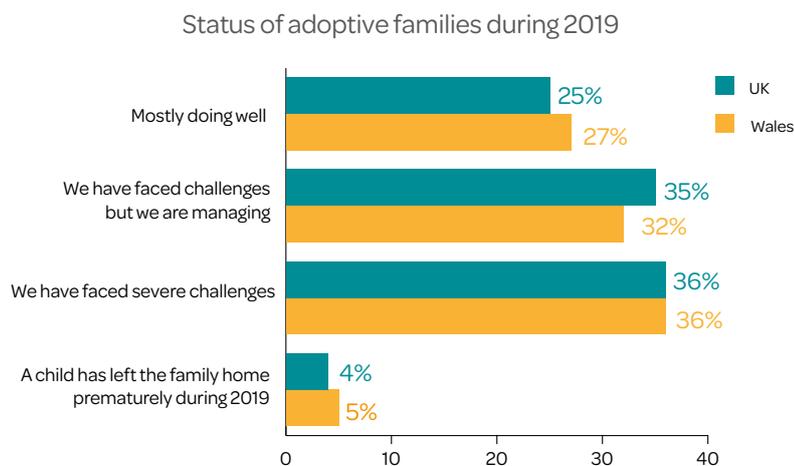
At the same time, the Adoption Register Wales was officially launched. This is a bilingual service designed to support and improve the matching process for all children with an adoption plan in Wales.



About adopters in Wales

A total of 361 respondents were living in Wales for all or most of 2019, representing 7.4% of all respondents. Of these, 226 were established adoptive family respondents, with at least one child whose adoption was finalised before 2019.

Respondents were spread across Wales, with Valley, Vale and Cardiff region having the highest representation (27% of respondents) and North Wales having the lowest (16% of respondents).



Three quarters of Welsh respondents would encourage others to consider adoption, and almost the same proportion say that they feel optimistic about the future of their family.

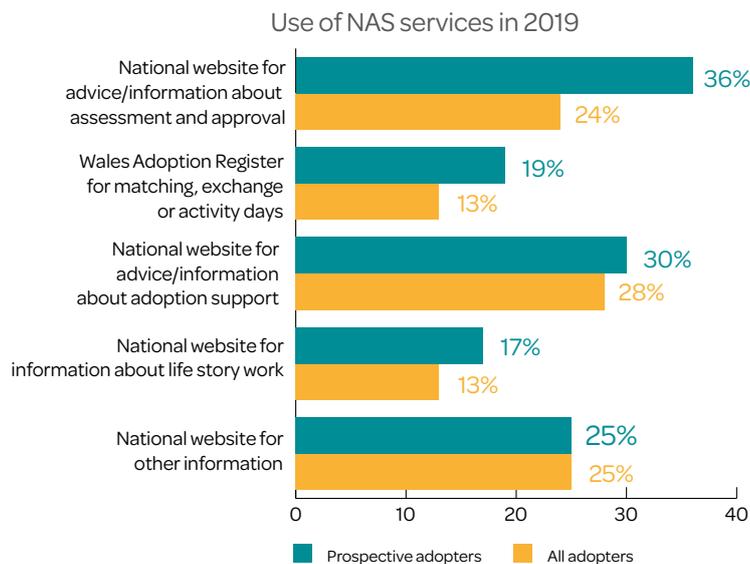
The National Adoption Service

The year 2019 marked five years since the launch of the National Adoption Service for Wales (NAS). Two thirds of respondents in Wales were aware that their agency was now part of the NAS, which is an encouraging increase from 59% in the previous year.

Last year, awareness of the NAS was much higher among prospective adopters than among established adopters. This has evened out in 2019 with around two thirds of both groups now aware



of the NAS. However, those who were undergoing approvals or matching during 2019 (including some who may have previously adopted children in the family) remain more likely to make use of NAS services, including in areas that are not specifically related to the approvals or matching process.



Use of NAS services for information about assessment or approval and matching increased slightly on the previous year, while uses of the services for other purposes stayed the same or slightly decreased. For comparison, 39% of prospective adopters, and 31% of all adopters accessed their own adoption agency’s website for any of the above services during the same period.

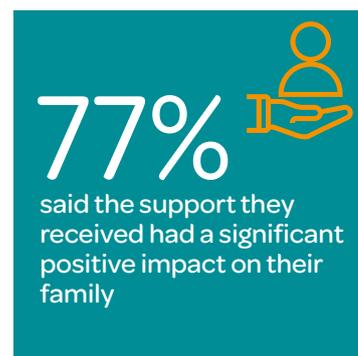
Three quarters of respondents in Wales felt confident that they knew where to go for post-adoption support and advice should they need it, and 70% said that they were regularly informed about training, events and other support services.

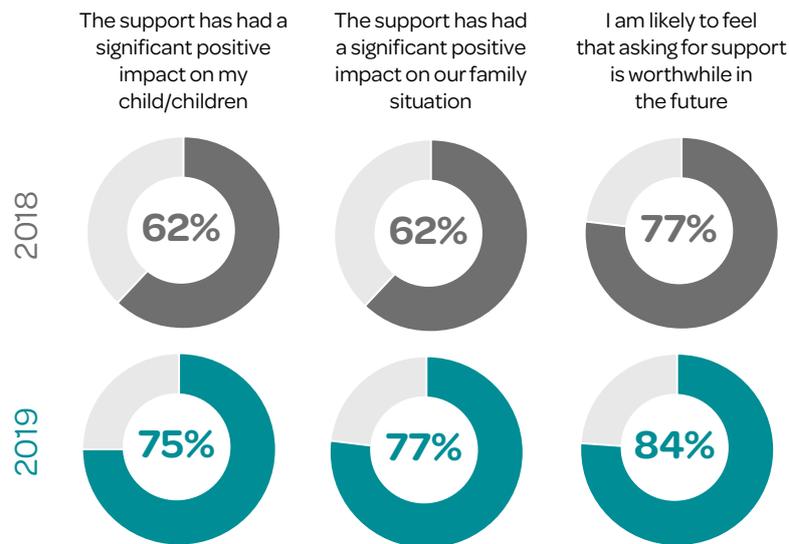
Experiences of adoption support in Wales

40% of respondents from Wales received post-adoption support from their agency during 2019. In 86% of cases, respondents waited six months or less between making the first phone call to their agency and receiving the support they sought. This is a significant improvement from the previous year, when 71% of respondents received support in six months or less.

However, in comments, respondents frequently stated that they felt they had waited too long for support after making initial requests, and that delays exacerbated already challenging situations. 44% of respondents described themselves as experiencing severe challenges or at crisis point when they contacted their agency for support. In that context, a six-month wait can seem like a long time.

Respondents in Wales were considerably more positive about their experiences of accessing post-adoption support during 2019 than during 2018.





Many respondents took the opportunity to praise their adoption support services in their comments. However, significant numbers qualified their praise, or mentioned difficulties they had faced. Common problems were around speed of response, issues with short-term funding that needed to be constantly renewed, adopters feeling that they had to chase services to access and maintain support, frequent changes of social work staff, over-stretched services, lack of co-ordination between post-adoption support and other services and a sense that asking for help leads to a punitive approach towards struggling parents.

“
It has taken a lot of time, but we have managed to develop a team of people to support my child, for which I am immensely grateful.”
Adoptive parent, Wales

“
Unless you constantly badger them, you get little or no contact or feedback. All processes are painfully slow, usually resulting in no support at the end.
Adoptive parent, Wales

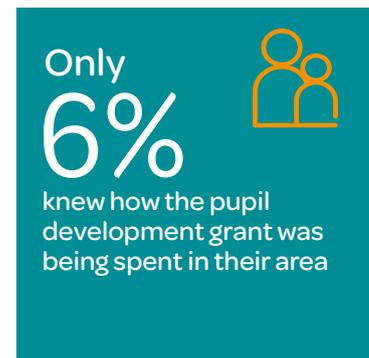
It is too early to tell whether the funding boost announced for post-adoption support in June 2019 will have a significant and sustained positive impact on adoptive families, but these early results suggest an encouraging beginning and an improvement on adopters’ experiences.

Education in Wales

One hundred and seventy-six respondents had an adopted child or children of compulsory school age who attended a state school in Wales during 2019. Of these, 79% were aware that their child was entitled to priority access to a school place as a previously looked-after child, and 37% reported that they had used this legislation to access a place in a school of their choice.

99% of respondents stated that they had made their child's school aware of their adopted status.

In Wales, the pupil development grant can be used to provide support for care-experienced children, including adopted children, in education. 55% of respondents were aware of the existence of this fund (56% in 2019), but only 6% knew how the fund was being spent in their region or local authority. This situation has not improved since the previous year.



In focus: Fetal Alcohol Spectrum Disorder



IN FOCUS: FETAL ALCOHOL SPECTRUM DISORDER (FASD)

What does 'good' look like?

As part of a wider approach to neurodevelopmental disorders, each nation has a comprehensive FASD strategy covering awareness raising, prevention, diagnosis and support services for people with FASD, with fully costed implementation plans.

A consistent neurodevelopmental pathway to diagnosis is established and embedded in every area, and medical professionals receive training and support to better identify and diagnose FASD and support individuals with FASD and their caregivers.

Information and training on FASD is mandatory for those involved in education, social care, the police and the criminal justice system, and emergency services, and there is a national standard for provision of information and advice for these services and families, including signposting to relevant support services.

In light of the higher prevalence of FASD among care-experienced people, training is provided to professionals to ensure the recording of the relevant information, and the possibility of FASD as a diagnosis is considered, documented and reviewed regularly throughout the child's lifetime, regardless of their legal status.

Assessment of current national policies	Score			
	England	Northern Ireland	Scotland	Wales
There is a nationwide FASD strategy covering awareness raising, prevention, diagnosis and support, with fully costed plans	POOR	POOR	FAIR	POOR
All care-experienced children receive neurodevelopmental assessments, with explicit consideration of FASD, either at the point of coming into care, or soon afterwards, which is revisited throughout the lifespan	POOR	POOR	POOR	POOR
There are established plans for lifelong support for all individuals diagnosed with FASD including family support, social care, education, mental health and access to work	POOR	POOR	POOR	POOR
OVERALL	POOR	POOR	POOR	POOR

Assessment of adopter experiences, based on survey results	Score			
	England	Northern Ireland	Scotland	Wales
Prospective adopters are given information about the prevalence and presentation of FASD as part of training prior to approval panel	FAIR	FAIR	FAIR	FAIR
At the matching stage, prospective adopters are given comprehensive written information about their child or children's medical background, including the likelihood of pre-natal alcohol exposure	POOR	POOR	POOR	POOR
The procedure for pursuing a diagnosis of FASD is straightforward, and completed in a timely manner by well-informed healthcare professionals	POOR	POOR	POOR	POOR
OVERALL	POOR	POOR	POOR	POOR

About FASD

FASD “is the range of conditions that can be caused by prenatal alcohol exposure (PAE). People with FASD can have a wide range of physical and mental difficulties, especially with planning, attention, impulsivity, coordination, social communication, emotional arousal and memory. These difficulties can impact daily living, school, work, social relationships, and long-term health and wellbeing”. (Price, 2019)

It is estimated that prenatal alcohol exposure detrimentally affects nearly 8% of the worldwide population and the prevalence of FASD in the UK is likely to be more than 3% of the population (SIGN, 2019), with some studies estimating even higher prevalence rates. Taking a range of studies into account, it is generally estimated that the UK prevalence is 3-5%. This makes FASD three to five times as common as autism spectrum disorder (ASD) which affects around 1.1% of the population (National Autistic Society, 2019). However, researchers from the University of Bristol and Cardiff University found that up to 17% of children in their study were both exposed to alcohol prenatally and had evidence of significant impairment in at least three areas of learning and behaviour consistent with FASD (McQuire et al, 2019), suggesting current prevalence estimates could represent a significant underestimate of the actual number of individuals affected by FASD.

While FASD might affect anyone exposed to alcohol in utero, maternal alcohol misuse is one common factor in children being taken into care, increasing the likelihood that those children have been exposed to alcohol before birth (Lange et al, 2013). This does not mean that all care-experienced children will have been affected by prenatal alcohol exposure, but a Canadian study published in 2013 that looked at the prevalence of FASD among care-experienced children and young people concluded prevalence to be 16.9% (Lange et al, 2013). A further UK-based study in 2015 (Gregory et al, 2015), which looked at the prenatal alcohol history of care-experienced children, found that 34% of their sample group had a history of PAE noted during health assessment, and 75% had it noted as part of an adoption medical. These two studies draw attention to the increased prevalence of FASD within the care-experienced community.

Among the established adoptive families surveyed for the *Adoption Barometer*, 8% of children had a diagnosis of FASD, and a further 17% were suspected by their parents to have the condition.

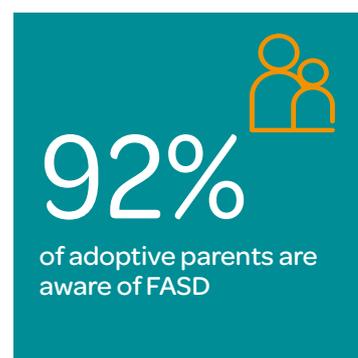
In January 2019 Health Improvement Scotland published the Scottish Intercollegiate Guidelines Network (SIGN) guidance for children and young people exposed prenatally to alcohol. This is the first UK clinical guidance relating to the diagnosis of FASD. In England, in May 2019 the National Institute for Health and Care Excellence (NICE) set out its intention to establish a set of quality standards specifically relating to FASD. Due to the Covid-19 pandemic the outcome and publication of these standards has been delayed and is now expected in January 2021. Wales will review the NICE standards once published and choose whether to follow them. At present we are not aware of the intentions within Northern Ireland.

Gaining an FASD diagnosis remains a long and complex process, and clinical expertise and experience in diagnosis is very inconsistent. In England there are two clinics – one NHS, one independent – where families can seek a diagnosis, but demand is high and waiting times are often long. In theory, diagnosis in Scotland is well supported by the SIGN guidelines and clinical pathway for diagnosis. However, its implementation by individual health boards is variable. In 2019 an FASD hub was established in Scotland, managed by Adoption UK Scotland, and directly funded by the Scottish government. The hub supports any family that either suspects they are affected by FASD, or already has a diagnosis. Outside Scotland, post-diagnostic support is hard to find and many get most of their support from a network of peer support organisations.

Awareness of FASD among adopters

Awareness of FASD among established adoptive parents was very high, at 92%. 71% recalled being given information about FASD as part of their preparation and training.

Among prospective adopters, awareness of FASD was also very high, at 93%. 80% of all prospective adopters reported that they had been given information about FASD as part of their preparation and training, and 64% felt that they had been given enough information to enable them to make an informed decision about whether, given the right support, they would be able to effectively parent a child with a diagnosis of FASD.

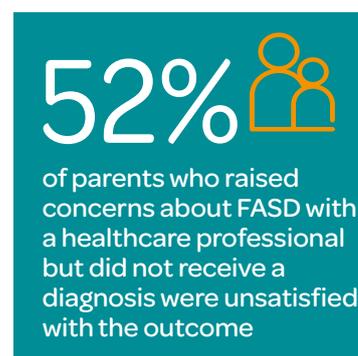


Experiences of raising concerns with healthcare professionals

Of respondents whose children did not have a diagnosis of FASD, only 45% felt confident that they would know how to go about pursuing a diagnosis should they wish to. This figure was higher in Scotland than the other nations at 55%.

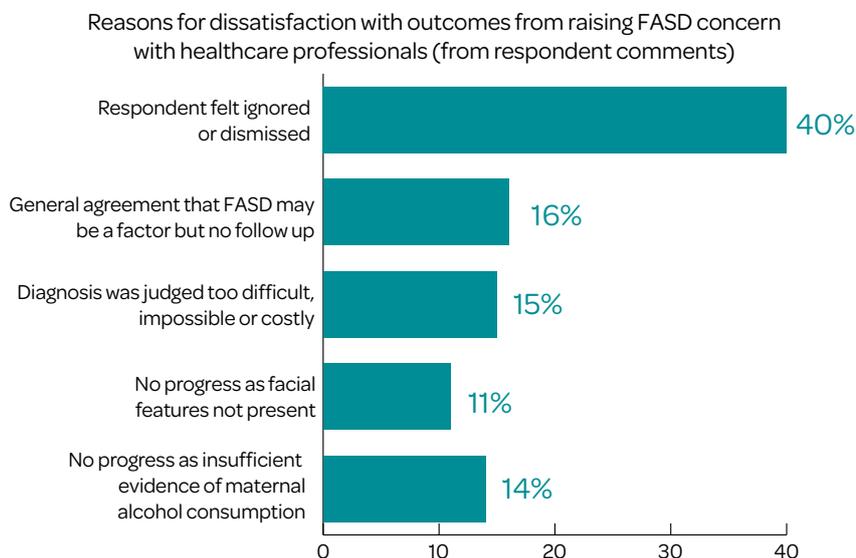
One in five respondents who did not have a child with a diagnosis of FASD had previously raised the possibility that their child might have the condition with a healthcare professional.

Of the 532 respondents who provided additional comments about their experiences of raising concerns with a health professional but not receiving a diagnosis, 14% had either been satisfied by reassurances that their child was unlikely to have FASD, or had received alternative diagnoses with which they were in agreement. A further 8% had been encouraged to take a 'wait and see' approach, largely because it was felt their child was too young for diagnosis. Some of these children were being regularly monitored in the meantime.



A further 14% were from respondents who were still awaiting the outcome of their discussions with healthcare professionals and 12% of the comments provided too little information to analyse (e.g. single-word answers).

The remainder (52%) were not satisfied with the outcome from raising concerns about FASD with a healthcare professional for a range of reasons.



Of respondents in this category, 40% simply reported feeling dismissed or ignored when they raised concerns. This included some respondents who felt that the healthcare professional they spoke to had little knowledge about FASD. A number of respondents in this category mentioned that health professionals seemed more inclined to view trauma and/or attachment as the root of concerns, rather than FASD or any other condition.

“
I was told by a GP that it was “unlikely” and that “he looks alright to me”.
”
Adoptive parent, England

“
We were told, “Oh, it’s probably ADHD. Most adopted children have ADHD.”
”
Adoptive parent, England

“
Our concerns were ignored. We were told that we shouldn’t look to label our children.
”
Adoptive parent, Northern Ireland

12% indicated that there was general agreement that their child may have FASD but that no further action had been taken, and a further 4% were told that, as their child already had several other diagnoses, an additional diagnosis of FASD would be irrelevant. Health professionals and some parents had felt that there was little to be gained in making a diagnosis as there was “no treatment” available, or little meaningful support that could be offered.

“
They felt it wouldn't be helpful to pursue a diagnosis as it doesn't provide any extra resources or support.”

Adoptive parent, England

“
As she has an autism diagnosis, she already has support at school and they're aware of the possibility of FASD. I'm not sure that pursuing a diagnosis will add anything.”

Adoptive parent, Wales

“
It was a CAMHS doctor who diagnosed our child with ASD and ADHD. I asked if FASD might better explain everything. She asked why I wanted more diagnoses and what difference it would make.”

Adoptive parent, England

Difficulties obtaining a diagnosis were a factor for 15% of respondents who were unhappy with the outcome of raising their concerns. This group included those who were told a diagnosis was impossible or too difficult, those who were informed that there was no pathway for diagnosis in their area and nobody with the right expertise, and those who were unable to proceed as they were told there was no funding available.

“
I was told by community paediatricians that there was no diagnostic pathway for FASD diagnosis where we live... I'm going to have to borrow money just to get my son a diagnosis.”

Adoptive parent, England

“
We have been to the GP, a paediatrician and genetics specialist. We have had every genetic test available. The paediatrician refused re-referral and said that no one can diagnose FASD in Wales.”

Adoptive parent, Wales

“
The paediatrician refused to refer us saying there was nobody to assess for FASD and our child was too complex to diagnose anyway.”

Adoptive parent, Northern Ireland

FASD is a spectrum disorder, meaning everyone is affected differently. While the presence of a distinct set of physical features (including facial features such as a smooth philtrum) is probably the most well-known indicator of FASD, only approximately 10% of cases (Hemingway et al, 2019; Popova et al, 2019) will actually present with these identifiable physical facial features.

Despite this, 11% of the respondents who were unhappy with the outcome of raising concerns reported that their child was not fully assessed for FASD because the healthcare professional did not see signs of the distinctive facial features.

“
No one will diagnose it as he doesn't have the facial features, despite me trying to educate them that they don't need that to have FASD.”

Adoptive parent, England

“
Both my GP and the health visitor ruled out FASD based on the facial features not being present – which as we know is only visible in some cases.”

Adoptive parent, Northern Ireland

When assessing for possible FASD, evidence of prenatal alcohol exposure (PAE) is usually sought, in addition to other signs and symptoms of the condition. However, when children have been in care and subsequently adopted, it can be difficult and even impossible to provide the evidence that is needed.

14% of respondents who were unhappy with the outcome of raising concerns with a healthcare professional reported that any investigation or diagnosis of FASD was judged impossible because of lack of evidence of PAE. This included cases where health professionals agreed that the child met several of the diagnostic criteria including, in some cases, the presence of the facial features associated with FASD.

“
We were told by the social worker that her mum “drank alcohol” during pregnancy but it was never recorded within her background paperwork.”

Adoptive parent, Scotland

“
We were informed that there was no evidence of this (despite a sibling having a diagnosis and the birth mum using drugs) as the birth mother stated she did not drink.”

Adoptive parent, England

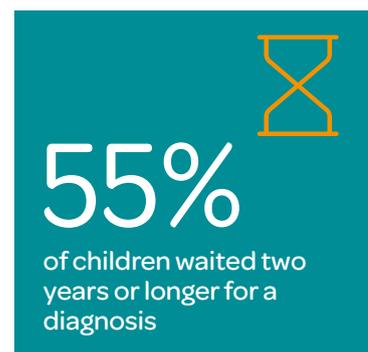
“
The paediatrician said they were unable to diagnose FASD as there was no proof that the birth mother drank, despite two facial features, stunted growth and global delays.”

Adoptive parent, England

These responses demonstrate the importance of social care and health professionals asking the right questions and recording the right information in the child’s records. 43% of respondents were told verbally at matching stage that there was a possibility that their child had experienced PAE, but only 23% of respondents had this confirmed in written documentation. This represents more than 1,000 children in this survey alone who may have been affected by PAE, but whose adoptive parents do not have the evidence with which to pursue a FASD diagnosis.

Experiences of families with a child with a diagnosis of FASD

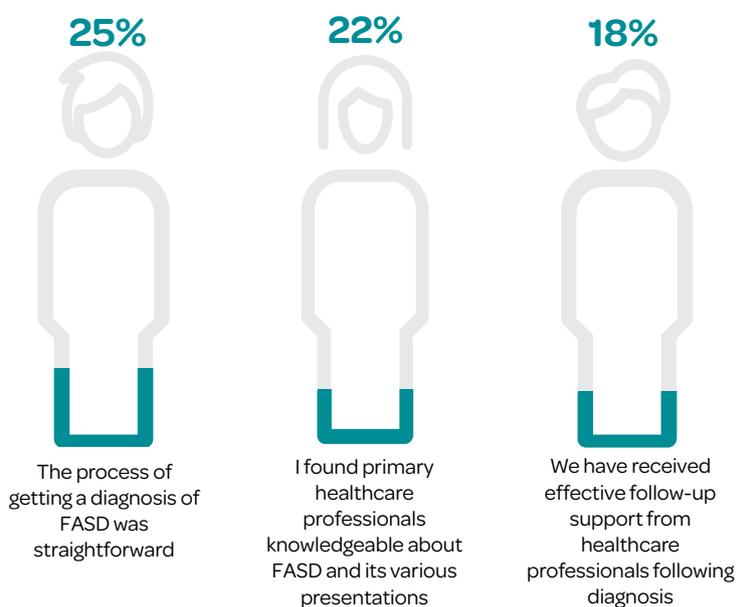
It is clear from the survey that large numbers of adoptive parents who are concerned that their child may be affected by FASD struggle to overcome the initial hurdles in accessing assessments and possible diagnoses. However, for those who had secured a diagnosis for their child, the process had often been far from straightforward, even if they were able to provide evidence of PAE.



“*We were told numerous times that our child was suffering from “attachment issues”. When, through my own research, I raised the suggestion that my child might have FASD, I was treated with scorn and disdain by healthcare professionals (the GP, community paediatricians, CAMHS), despite the fact that it had been documented that my child had heavy exposure to alcohol in utero (mentioned in his placement report).*”

Adoptive parent, England

55% of children had waited two years or longer for their diagnosis, and respondents had generally negative opinions about the efficiency and effectiveness of the process. Respondents from Scotland were slightly more positive than others, with 29% stating that they received effective follow-up support, but the majority still felt that the diagnostic process, the knowledge of healthcare professionals and the follow-up support was not adequate.



The difficulty of obtaining accurate information about possible PAE was raised by several respondents and others noted that, even where the risk was known, they felt unprepared for the reality.

“*We were utterly naïve with regards to what potentially having FASD meant for our child. Social workers were keen to quote “meeting developmental milestones” and downplay the very real possibility of lifelong difficulties.*”

Adoptive parent, England

Difficulties obtaining support from social care services after a diagnosis were also raised by many respondents.

“*We gave the social worker a book on FASD as she tried to tell us that “with love and care” he would improve. We had to explain it as a permanent, lifelong, organic brain injury.*”

Adoptive parent, England

“
I have found that various professionals in social work and healthcare say they understand FASD. However, they have poor understanding of the breadth of it and the daily impact on the adopters and their children.”

Adoptive parent, Wales

Many reported that their child was experiencing significant challenges at school. Only 30% of respondents whose child had a diagnosis of FASD felt that their child's school understood the condition and effectively supported their child.

“
My son has had a horrendous primary school experience. His secondary school experience has been better but only because he is in a provisional unit after much heartbreak and him being treated as a 'bad boy'.”

Adoptive parent, Scotland

“
I wish we had known earlier that FASD was likely... If we had known we could have pushed harder for more learning support and more realistic expectations in primary school. Now that we know she has FASD we are much better equipped to support our daughter.”

Adoptive parent, England

When thinking about the future, parents expressed grave concerns. Very few felt that they had received effective follow-up support following diagnosis, and 90% did not feel confident that their child would receive the support they needed as they transitioned to adulthood.

“
The risks of [child sexual exploitation] and their vulnerability have been ignored by social workers who feel that encouraging them to strive for independence is more important... Very sad for the child, who is not getting adequate support.”

Adoptive parent, England

“
I am fearful for my daughter's future and believe my role will transition from parent to carer as she grows into adulthood.”

Adoptive parent, Scotland

Respondents wrote poignantly about the challenges they and their children had faced and their concerns both for now and the future. Daily living situations were described as “traumatic”, “overwhelming”, “exhausting” and “lonely”.

“
It is hard for us all, every day, and our hearts break for her.”

Adoptive parent, England

“
FASD has crushed the life our little boy should have had, and it's nearly crushed us too.”

Adoptive parent, England

One respondent described FASD as a “silent epidemic” and many pointed out that other neurodevelopmental conditions seemed to be better understood and supported, with better diagnostic pathways and specialist education services. This lack of awareness of FASD resulted in families being denied support and help that might have been available to others with different diagnoses.

“
We cannot access support from disability services (we do get disability living allowance) as [FASD] isn't on the local list.”

Adoptive parent, England

The vast majority of respondents who offered additional comments on their experiences of raising a child with FASD were very negative about the quantity and quality of support available. However, when adoptive parents had been well-informed about the risk of FASD and the nature of the condition and where they had been directed to appropriate supportive groups and services, they wrote warmly about the positive impact. This was especially true of peer-led support services. Unfortunately, these more positive experiences were a small minority.

“
We were aware that our children had a diagnosis of FASD before we were matched... The local authority was really helpful in making sure we fully understood the extent of an FASD diagnosis and connected us with another adopter whose children have it, which was really helpful.”

Adoptive parent, England

“
Much like adoption, we have met some lovely people through some support groups.”

Adoptive parent, England

“
Having a diagnosis has made a huge difference in terms of accessing support for my eldest. I worry my youngest, who seems the most severely affected, will miss out on this support without a diagnosis.”

Adoptive parent, Scotland

UK and international figures have concluded, and it is now widely accepted, that within the general population there is a 3-5% prevalence of FASD. However, it is clear from this data that many parents who suspect that their child might be affected by prenatal alcohol exposure have considerable difficulties obtaining assessments and diagnoses. For those who overcome the initial challenges of finding expertise, funding and the necessary evidence in order to obtain a diagnosis, the pathway is long and frustrating. Even with a diagnosis, the overwhelming majority report that there is little understanding of how prenatal alcohol exposure impacts on the individual.

FASD is a lifelong condition that can affect physical health, social skills, communication skills, memory and behaviour. The individual may be misunderstood or have acquired other diagnoses which do not fully explain the difficulties they experience. There is no cure but with early diagnosis, intervention, strategies and support, an individual with FASD can achieve in life.

Parenting a child or young person with FASD can be emotionally and physically challenging. Diagnosis provides better understanding for both the individual and those supporting them and allows opportunity for caregivers to highlight strengths of the individual, providing valuable knowledge when considering interventions. It is time for an effective coordinated strategy to improve prevention, diagnosis and support in every nation of the UK.

“

Fundamentally, it is not the child with FASD that is the issue. It is the system around that child that matters.

”

Adoptive parent, England

CASE STUDY

When Isabelle came to us at eight months old she was described as a 'perfect baby, with no history of alcohol, or drug abuse, from birth mum'.

But at two and a half, the violence began. She started headbutting, kicking and biting. Then she began throwing things. Every week we were covered in bruises. Aged three, Isabelle became obsessed with sharp knives. She told me she wanted to 'cut me open and see me bleed'.

We tried time-outs but this only made her behaviour worse. We took her to countless GPs, health visitors and social workers who gave us the usual tips and pointers.

Adoption UK was the last organisation I called for help - I so wish it had been the first. I was put in contact with the FASD Hub who identified Isabelle's behaviour as having all the hallmarks of FASD and I was urged to mention this to my GP. This led to a specialist paediatrician doctor diagnosing Isabelle with FASD, within 20 minutes.

The diagnosis has been the key to us understanding Isabelle's behaviour, how to parent our daughter and how to advocate for her.

I cannot overstate how crucial the FASD Hub has been for our family.

Adoptive parent, Scotland

RECOMMENDATIONS

1. Agree national FASD strategies

All UK nations to have FASD strategies covering awareness raising, diagnosis and support services, with fully costed implementation plans. National strategies should also cover the reduction of prenatal exposure to alcohol.

2. Improve recording of prenatal exposure to alcohol

Those working in social care and healthcare to be given training in accurate recording of prenatal exposure to alcohol, and in having difficult conversations about prenatal alcohol misuse.

3. Recognise higher risk of FASD in care-experienced children

Government guidance to be issued to healthcare professionals that a diagnosis of FASD should be considered as part of a presumption of neurodevelopmental disorder amongst care-experienced children.

4. Provide FASD awareness training to all relevant professionals

Professionals working in social care, healthcare, education and criminal justice services to be given training in the presentation of FASD, understanding of its impact on individuals who are affected, and effective strategies to support them.

5. Train health professionals to diagnose and support individuals with FASD

All healthcare professionals to be given training in FASD diagnosis and support.

6. Create 'one-stop-shop' to support families affected by FASD

Each nation to provide a government-funded single, nationwide point of information and advice about FASD for families, social work professionals, third sector organisations, the police and criminal justice system and education professionals – including signposting to relevant support services, support groups, helpline services, information, training and targeted ongoing support.

7. Provide integrated support plans for families affected by FASD

All families with a diagnosis of FASD to be given a multi-disciplinary support plan. This should include access to a support group (preferably specifically for FASD families; failing that, for families impacted by a wider group of neurodevelopmental disorders) and signposting to further support services.



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adoptionuk

for every adoptive family

Head Office

Units 11 and 12
Vantage Business Park
Bloxham Road
Banbury OX16 9UX

Phone 01295 752240

Email info@adoptionuk.org.uk

Wales Office

Penhevad Studios
Penhevad Street
Cardiff CF11 7LU

Phone 029 2023 0319

Email wales@adoptionuk.org.uk

Scotland Office

Gf2 Rooms 3 & 4
Great Michael House
14 Links Place
Edinburgh
EH6 7EZ

Phone 0131 322 8501 / 0131 322 8502

Email scotland@adoptionuk.org.uk

Northern Ireland Office

Adoption UK (at Groundwork)
63-75 Duncairn Gardens
Belfast BT15 2GB

Phone 028 9077 5211

Email northernireland@adoptionuk.org.uk

Our vision is a world where all children and young people unable to live with their birth parents can find security and happiness with permanent families who have the right support to build brighter futures.

We provide our members with the highest level of service, support and education.

We campaign with you for positive change in the lives of adoptive families across the UK.

Adoption UK Helpline

0300 666 0006

www.adoptionuk.org



twitter.com/adoptionuk



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For details on any of our policies on confidentiality, data protection, child and vulnerable adult protection, equal opportunities and complaints procedures, please contact any of our offices.

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